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REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

A. Africa (sub-Saharan)

1. The declaration of the Third African Population Conference on "Population, Family and Sustainable Development", a ministerial-level meeting held in Dakar, Senegal, in December 1992, embodied the spirit and reality of population activities in Africa. On the one hand, it proclaimed the solidarity of African countries to deal with population problems and to formulate and implement comprehensive population policies. It further revealed a near-universal recognition that rapid population growth and accelerated urbanization hamper social and economic development. On the other hand, it noted the relative ineffectiveness of past efforts to reduce fertility and mortality and appealed to donors to respond positively and increasingly to requests for population assistance and activities. It also recognized the need for Governments to accord high financial priority to population matters as an integral part of the socio-economic development process.

2. The Dakar Declaration was also notable for the principles and objectives it espoused. It called on African Governments to work to reduce population growth in the region as a whole from 3.0 per cent in 1992 to 2.5 per cent by the year 2000 and 2 per cent by the year 2010, as well as to increase the contraceptive prevalence rate during the same period, from 10 per cent to 20 per cent by the year 2000 and to 40 per cent by 2010. It further called for an increase in life expectancy from 45 years to 55 years by the turn of the century and a decrease in maternal mortality by 50 per cent. The declaration also acknowledged the need, inter alia, to integrate population policies and programmes and family concerns into development strategies and plans; to create a socio-economic climate conducive to effective fertility policies and to sustain the political will needed to carry out these policies; to provide necessary facilities and resources so that couples and individuals can determine the size of their families; to adopt national policies and implement legal measures to improve the role, status and participation of women; to expand the role of non-governmental organizations (NGOs); and to establish and strengthen programmes to combat the spread of AIDS.

3. UNFPA organized two important events in conjunction with the conference -- the fourth meeting of UNFPA Country Directors in sub-Saharan Africa and a meeting of African NGOs. The UNFPA Country Directors discussed the downturn in UNFPA financial support to the region during the year and its impact on population activities in sub-Saharan Africa just at the time when the stage had been set to expand such activities. They also examined ways to make the Fund's Country Support Teams as effective as possible, looked at various means to facilitate the release of funds for project activities and to improve the monitoring of their use, and discussed how UNFPA might best respond to the AIDS pandemic in the region. On this last point, they stressed the crucial role that family planning played in protecting the health of mothers and children and in preventing perinatal transmission of HIV infection, and agreed that family planning delivery systems should be used to provide information and counselling on AIDS and to distribute condoms.

4. The UNFPA-sponsored meeting of 19 African NGOs from 14 countries explored the possibilities of expanding the use of NGOs in population activities in the region. Many of the recommendations that emerged from the discussions found expression in the Dakar Declaration, which stressed that NGOs should be strengthened and considered full partners by Governments in the implementation of population programmes and in contributing to the formulation of related policies. The declaration also said that they should promote community participation and involve communities in programme planning, implementation and financing. It further noted that NGOs should be involved in efforts to replicate successful innovative pilot programmes.

5. Country-level activities. The downturn in UNFPA financial support to population activities in the region during 1992 contributed to a loss of momentum in the implementation of important UNFPA activities in all but 10 of the 41 countries UNFPA supports in sub-Saharan Africa. This made it necessary not only to

scale down plans to expand activities but also to seek resources from other donors to cover projects that had already been developed. The overall impact of UNFPA assistance during the past two years is reviewed in part III of this report, which examines the progress made in the implementation of the UNFPA strategy for assistance in sub-Saharan Africa. It also contains a table showing UNFPA and multi-bilateral expenditures for the period 1986-1992.

6. Temporary disruptions brought about by the democratization process in some countries (Congo, Mali, Niger, Togo and Zaire) or by the threat or outbreak of civil war in others (Angola, Liberia) slowed or halted UNFPA activities in the region. Other countries, however, were able to expand activities (Burkina Faso, Ghana, Malawi, Mozambique), and Ethiopia rejoined the ranks of those countries ready and determined to address population problems.

7. The Governing Council approved a total of 16 UNFPA country programmes at its thirty-ninth session in May 1992: Benin, Botswana, Burundi, Cameroon, Gabon, Gambia, Guinea, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Senegal, Swaziland and the United Republic of Tanzania. All began activities in 1992 except Burundi, which is to commence in 1993. These programmes devote a greater proportion of regular resources (66 per cent) to maternal and child health and family planning (MCH/FP) and information, education and communication (IEC) activities than has been the case in the past. This reflects, among other things, the progress made in creating awareness among leadership groups and in developing appropriate infrastructure for implementing such activities.

8. To assist in the preparation of country programmes to be submitted to the Council in 1993, UNFPA conducted Programme Review and Strategy Development (PRSD) exercises in the Central African Republic, Ethiopia, Equatorial Guinea, Guinea-Bissau, Madagascar, Mali, Rwanda, Sao Tome and Principe and Uganda.

9. During 1992, Guinea, Niger, and the United Republic of Tanzania adopted formal population policies, bringing to 13 the number of countries that have done so. The other 10 are: Burkina Faso, Ghana, Kenya, Madagascar, Mali, Nigeria, Rwanda, Senegal, Sierra Leone and Zambia. Another 19 countries are at various stages of policy formulation, while at least 32 view their population growth rates as too high. The challenge in future, therefore, is to develop and implement action programmes to help countries identify and define policy objectives. To that end, several countries, including Ghana, Kenya, Malawi and Uganda, strengthened their government units responsible for planning and/or coordinating population activities.

10. MCH/FP programmes continued at varying degrees of intensity in all countries of the region, except in Liberia, where they were interrupted by civil strife, and in Equatorial Guinea, where family planning has not yet been introduced. The responses to a questionnaire recently sent to UNFPA field offices indicate a wide range in the percentage of government health facilities that offer family planning services, from a low of 1 per cent in Cote d'Ivoire to a high of 100 per cent in Mauritius, Seychelles and Swaziland. Such estimates are somewhat misleading, however, since they do not indicate the extent to which the services offered are either visible or truly accessible. As regards the proportion of the population estimated to have reasonably convenient access to family planning services (generally defined as living within a set distance from a place where services are at least occasionally offered), in only 12 countries did at least half the population have even theoretical access to such services (see table 3 in part III of this report). These were Botswana, Burundi, Comoros, Gambia, Lesotho, Mauritius, Namibia, Rwanda, Seychelles, Swaziland, Zambia and Zimbabwe. The most often cited obstacles to increasing the use of family planning were, in descending order, the lack of public information in support of family planning, opposition of cultural or religious groups, poor quality or inaccessibility of services and weak governmental support.

11. UNFPA supported a number of innovative approaches in IEC in 1992. In the United Republic of Tanzania, for example, a "radio soap opera" is being developed and tested. Episodes will incorporate messages

on family planning, maternal and child health, the status of women, and environmental concerns. In Ghana, the 31st December Women's Movement, a national grass-roots NGO, trained women community leaders in performing folk drama addressing such issues as family planning and the environment.

12. In the formal education sector, UNFPA continued to support efforts to integrate population and family life eduction into the curricula of primary and secondary schools. Most countries are still in the early stages of this process, however. Only Botswana, Seychelles and Zimbabwe have introduced population or family life education into more than 50 per cent of their primary schools: and only Botswana, Burkina Faso, Central African Republic, Gambia, Mauritius, Senegal, Sierra Leone and Zimbabwe have achieved similar levels of integration at the secondary level.

13. In order to increase awareness of population issues, augment the acceptance of family planning and address key concerns of major target groups, the UNFPA field offices stressed the need, inter alia, to develop national IEC strategies, set up IEC coordinating/planning bodies to implement the strategies, conduct research to obtain data to develop strategies and design appropriate messages, and train personnel. The field offices also recommended expanding the population coverage of all media, but attributed special promise to radio, youth organizations, extension and outreach workers, indigenous media, and adult education and literacy programmes.

14. As part of its ongoing efforts to improve the role and status of African women, UNFPA provided support for some 40 integrated women, population and development projects in 28 countries. The projects addressed women's reproductive and productive needs. Three UNFPA-assisted income-generating projects with family planning components were evaluated in Kenya and Ghana as part of a global evaluation of such projects. The results of the evaluation will serve as the basis for developing a strategy for UNFPA support to projects integrating income-generation and MCH/FP activities.

15. UNFPA supported national women's organizations in 29 of 31 countries in which such organizations were active in population activities and provided support to help strengthen government women's bureaus in 28 countries. The Fund also provided assistance to 23 countries to collect data specifically dealing with the status of women.

16. Regional programme. The Kenya Institute of Mass Communication in Nairobi was the site of the first UNFPA-supported regional training programme on information, education and communication. The Institute offered two courses on a pilot basis -- one on IEC strategy development, organization and management; the other on audience research and message design. UNFPA intends to expand this training programme for anglophone countries during 1993-1995 while developing a similar programme for francophone countries beginning in 1993.

17. In September, UNFPA hosted a meeting of experts to discuss the issues of quality, supply and demand in regional family planning training. Experts from training institutions in Africa, Europe and North America met with representatives from African Governments and donor agencies in order to define more clearly the role of and needs for regional training in MCH/FP and related IEC for sub-Saharan Africa. One of the aims was to identify ways to help rationalize donor assistance in this area. The meeting focused on short-term in-service regional training, which was defined as training lasting six months or less and targeted to multi-country audiences that usually share a language and are from the same region. The participants agreed that such training should focus on substantive issues, generally should not exceed three months and was most appropriate for those individuals who were in a position or have the influence to lead others and/or transmit the acquired attitudes, knowledge and skills to others. They also agreed that effective follow-up was an essential part of regional training. A report on the meeting was circulated in December.

18. In another important regional activity during 1992, a team of experts assessed the feasibility of transferring a centre or centres of the Fund's Global Programme of Training in Population and Development to training institutes in the Africa region. The team looked at a number of institutes to determine which of them would be best suited to take over programmes currently located in Louvain, Belgium, and in The Hague, the Netherlands. The mission was satisfied that there were advantages to be gained from transferring the programmes to institutes in developing countries. Such a transfer would help strengthen the training and research capacities of the selected institutes, enable trainees to study firsthand population and development issues that are relevant to their own countries and ensure greater involvement of local expertise in the Global Programme. The mission did note, however, that it might be difficult to find African institutes with the staff and facilities required to mount such training courses in the immediate future.

19. Considerable progress was made during the year in restructuring the UNFPA-supported regional training programmes in demography at the Institut de Formation et de Recherche Démographiques (IFORD) in Cameroon and the Regional Institute for Population Studies (RIPS) in Ghana. This included signing an agreement between UNFPA, the University of Yaoundé and the Government of Cameroon concerning incorporating IFORD into the University's system; adjusting staff salaries at the two institutes to make them comparable with those of similar institutes in the region; and revising and reorienting the institutes' academic and research programmes to take into account the special needs of the region.

20. Considerable progress was also made in the implementation of the UNFPA Country Support Teams (CSTs) in the region. The team in Dakar, for example, became fully functional in September. The teams in Addis Ababa and Harare initiated activities during the year and should become fully operational in 1993.

21. UNFPA signed two agreements during the year concerning the adoption, formulation and implementation of population policies and programmes. One was with the Organization for African Unity (OAU) to provide the framework for mutual collaboration in promoting the adoption and implementation of population policies among OAU member states. The other was with the African Development Bank (ADB) to provide assistance to ADB regional member countries to formulate and implement population policies and programmes and to integrate population factors into their development plans.

22. UNFPA and the World Bank held their annual consultations in October to exchange information and experiences and to coordinate programme activities. The two organizations agreed on the need, inter alia: (a) to adopt a common approach for analysing the demographic impact of AIDS; (b) to organize meetings between the UNFPA Country Support Teams and appropriate World Bank staff in their countries of assignment; (c) to pay more attention to the reproductive role of women and to promote family planning as one of the most effective vehicles for enhancing the socio-economic status of women; and (d) to promote the involvement of NGOs in the implementation of population and family planning programmes.

23. Two main initiatives were undertaken in the area of women, population and development. One was to reorient the support provided to the Centre for Development and Population Activities (CEDPA), based in Washington, D.C., to enable it to strengthen the capacity of African NGOs to deliver family planning services to hard-to-reach communities. The aim is to organize workshops to help strengthen the programme management and institution-building skills of women leaders of African NGOs through management training. The reoriented training workshops will include sessions on gender issues, leadership development, organizational effectiveness, project design and implementation, resource management, and gender and development. The sessions will focus on, among other things, identifying barriers to women's participation in population and development activities, developing strategies to address gender issues in the development process, and developing health and family planning programmes for women.

24. The second initiative was to revise the UNFPA Plan of Action for Gender, Population and Development, which is an integral part of the Fund's strategy for assistance in sub-Saharan Africa. The Plan of Action focuses on means to promote the further integration of gender issues into the main areas of UNFPA assistance. It also seeks to help improve the status of women by promoting their access to resources and opportunities, especially education and training. It takes into account emerging issues and the priority and special concerns of the region, as well as African traditional institutions and cultural values and aspirations. The overall objective of the Plan of Action is to help Governments and national NGOs to formulate and implement population and development plans, policies and programmes that not only reflect the needs and concerns of women and enhance their access to resources and opportunities, but also take gender issues fully and seriously into account, in particular as they are relevant to the achievement of national economic and demographic goals.

Arab States and Europe

1. Arab States

25. The population of the Arab countries is growing at an annual rate of 2.8 per cent. It is expected to reach 290 million by the year 2000, an increase of about 50 million from 1992. Fertility is declining steadily, but at a moderate rate, from 6 children per woman in the 1980s to 5.2 in 1992. It is expected to reach 4.2 by the year 2000. The reason for the decline is increased demand for modern and long-lasting contraceptives. Indeed, data from demographic and health surveys show marked increases in contraceptive use throughout the region. Eight countries have contraceptive prevalence rates of 32 per cent or higher. These are Algeria, Bahrain, Egypt, Jordan, Kuwait, Morocco, Qatar, and Tunisia. Three of the eight have rates of 50 per cent or higher: Bahrain, Egypt and Tunisia.

26. Fertility and contraceptive prevalence rates differ markedly between rural and urban populations. Rural populations tend to marry younger, have children earlier and get pregnant more often. Improving people's access to family planning services, particularly in rural areas, is thus a primary objective of population programmes in most Arab countries. Egypt, Jordan, Morocco, the Syrian Arab Republic, Tunisia and Yemen have set targets for contraceptive use and service delivery and have developed activities accordingly. Algeria, Egypt, and Tunisia are striving to become self-sufficient in the production of contraceptives, in particular of IUDs and pills. Yemen ratified a National Strategy for the Year 2000, along with a Population Plan of Action. Jordan is in the process of formulating a National Plan of Action to the year 2005.

27. During the year, UNFPA fielded technical missions to Egypt, Jordan, Morocco, Sudan, Tunisia and Yemen to help with programme formulation. The missions emphasized that MCH/FP programmes should be based on socio-cultural research; combine family planning, maternal and child health, Safe Motherhood, and information and communication activities; and make greater use of women community leaders.

28. Overall, allocations to the Arab States region during 1992 totalled $12.1 million, with MCH/FP and IEC accounting for some 60 per cent of the total. The following highlights of activities in individual countries and at the regional level give some insight as to how this assistance was used.

29. The persistence of high population growth in Algeria led the Government to establish an intersectoral committee to prepare a population policy as part of an action plan to moderate population growth within the context of socio-economic development. Such a policy was needed because social services had not been able to keep pace with the growing needs of the population, particularly in the areas of health, education, water and sanitation, nutrition and housing. During the year, government and UNFPA officials met several times to formulate a project to produce oral contraceptives locally. The aim is to make Algeria self-reliant in the production of contraceptives. Other UNFPA-supported activities seek, inter alia, to improve the quality of

MCH/FP services, provide postgraduate training in population and development at the National Institute for Planning and Statistics, strengthen the training and research capacity of the Institute for Demography at the University of Oran and strengthen the Social Communication Unit of the National Public Health Institute.

30. As part of the efforts to strengthen MCH/FP services throughout Djibouti, UNFPA worked closely with the Government to formulate a project whose primary aim is to train MCH/FP service providers in family planning techniques and counselling. The project, which is based on the findings and recommendations of a sectoral review undertaken in May 1991, will also be used to provide modern contraceptive supplies.

31. Contraceptive prevalence among married women of reproductive age reached 50 per cent in Egypt during 1992, according to estimates of the National Population Council. This marked the continued success of the family planning programme, which contributed to a nearly 70 per cent rise in contraceptive use since 1984. Such use is expected to increase further as a result of projects designed to help build an IUD factory in Egypt and to formulate a comprehensive IEC programme aimed at youth, the organized sector and local religious leaders. UNFPA worked closely with the Central Agency for Public Mobilization and Statistics (CAPMAS) in designing projects to improve the vital statistics system, train regional and local staff in analysing population data, and produce demographic projections. Most of the projects formulated in 1992 are to be executed by national organizations.

32. Following a national conference on Population and Basic Needs for 1991-2005, held in Amman in September, the Government of Jordan embarked upon a comprehensive and vigorous population programme for 1992-1996. This was accompanied by efforts to strengthen the National Population Commission, which was enlarged to include national NGOs active in the population field. The Commission will be responsible for formulating the national population policy and the population plan of action to the year 2005. A High Commission for Women was established by Royal Decree and is headed by H.R.H. Princess Basma. The Government further demonstrated the high importance it attaches to population issues when it offered to host the UNFPA Country Support Team in Amman and provide it with complimentary premises. It also generously increased its voluntary contribution to UNFPA by 126 per cent.

33. The Government of Lebanon submitted a proposal to UNFPA for a socio-economic and demographic survey to obtain information needed for the reconstruction of the country. The survey would make use of a household sampling frame in order to collect data on, among other things, the size, composition, structure and distribution of the country's population.

34. In Morocco, the Ministry of Public Health and UNFPA intensified their efforts to implement the recommendations of the Maghreb Safe Motherhood Conference, which was held in Marrakesh in October 1991. The Government convened a three-day national consultation among health professionals to formulate strategies for MCH/FP services and related information and communication activities. NGOs and donor agencies also participated. As a result, the Ministry of Public Health developed two proposals for UNFPA assistance -- one to improve MCH/FP service delivery and communications on Safe Motherhood, the other to strengthen the national capacity to collect and analyse health and MCH/FP statistics. It also helped to develop a training programme in MCH/FP for midwives. UNFPA and the Ministry of Education developed three new population education projects: one to integrate population education into the pre-service training of primary- and secondary-school teachers; one to produce self-training modules for teachers; a third to help integrate population education into extracurricular activities in the secondary cycle of primary education.

35. Preparations for the first housing and population census in Oman progressed according to schedule during 1992. The enumeration, which was supported by Royal Decree, is planned for November 1993. The Ministry of Health met with UNFPA to discuss making use of the results of the Gulf Health Survey to launch

a programme to improve the health of mothers and children. The programme would include family planning services and be based on the Safe Motherhood approach.

36. In the Sudan, the two-year interim country programme approved by the Governing Council in May 1992 took shape, as six new projects got under way during the year, including one to strengthen MCH/FP facilities and services in Eastern Province and another to conduct the 1993 population census. The six projects account for 70 per cent of total country programme resources. The very successful celebration of World Population Day on 11 July was among the highlights of the year. It contributed greatly to the increasing attention being given to population issues by the country's senior officials and development specialists. This increased awareness led to the establishment of a technical committee that will examine the country's population policy. It will also prepare the country report for the 1994 International Conference on Population and Development.

37. Family planning efforts improved markedly in the Syrian Arab Republic during the year. The Government strengthened family planning information and communications activities, provided training for service providers in contraceptive techniques and improved the storage, supply and distribution of contraceptives. It also approved the use of contraceptive injectables and implants, and arranged for the requisite training at medical schools of Syrian universities, in collaboration with the Ministry of Health. The Prime Minister requested that the State Planning Commission initiate, with the assistance of UNFPA, the necessary activities to formulate a national population policy.

38. Tunisia continued to formulate and implement activities aimed at narrowing the gap in contraceptive prevalence rates between rural and urban areas and at further improving the quality of family planning services and MCH/FP management information systems. UNFPA assisted in the procurement of contraceptive needs in 1992 and has approved funds to meet the country's requirements in 1993. Donors expressed little interest in providing assistance for this purpose through multi-bilateral arrangements. UNFPA continued to provide assistance to help institutionalize population education in the primary level of education and in the pre-service teachers' training programme.

39. The most significant development in Yemen was the ratification of the National Population Strategy and accompanying plan of action to the year 2000. The aim is to improve and expand MCH/FP services nationwide and to steadily increase the contraceptive prevalence rate from its 1992 level of 6 per cent of women of reproductive age to over 30 per cent by the year 2000. As a first step in implementing the strategy and plan of action, the Government has requested donor assistance in developing comprehensive programmes in the areas of MCH/FP, IEC, and women, population and development. UNFPA is to be instrumental in helping to coordinate these efforts.

40. At the request of national NGOs active in the area of maternal and child health care in the West Bank and Gaza, UNFPA approved two projects to provide MCH/FP services to the Palestinian people, through the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).

41. Regional programme. A major regional activity in 1992 was the analysis of the wealth of data that had been collected during the first phases of the two jointly funded surveys in the region -- The Pan-Arab Project for Child Development (PAPCHILD) and the Gulf Health Survey -- both of which ended in 1991. The aim of this analysis is to use the information gained to develop and improve MCH/FP policies and programmes throughout the region. Phase I of the PAPCHILD project provided detailed socio-economic, demographic and health data for Algeria, Egypt, Mauritania, Sudan, the Syrian Arab Republic and Yemen. Phase II, scheduled to begin in 1993, will cover eight other Arab countries -- Djibouti, Jordan, Lebanon, Libyan Arab Jamahiriya, Morocco, Somalia, Syrian Arab Republic and Tunisia.

42. The Economic and Social Commission for Western Asia (ESCWA), in collaboration with the League of Arab States and UNFPA, undertook the preparatory activities for the Arab Population Conference, which is to meet in Amman, Jordan, in April 1993. The conference, which is part of the preparatory process of the 1994 International Conference on Population and Development, will address pertinent population issues within the social, economic and cultural context of the Arab States, including population growth and distribution; family health and family planning; women, population and development; and internal and international migration, among others.

43. The UNFPA Country Support Team based in Amman became operational in the last quarter of 1992 (see document DP/1993/32 for a detailed progress report on the implementation of the teams). The team leader arrived in Amman in July and officially assumed his duties in October. He established and furnished an office and prepared a comprehensive work plan for 1993. A four-member team, consisting of three specialists on population education and communication and one on data processing, carried out 16 backstopping missions to six Arab countries during its three months of operations. The team leader adjudged the missions a success, noting that the team was efficient in its work, confined its backstopping efforts to technical aspects and worked closely with the UNFPA field office in each country. When fully operational, the team will have 17 members and provide technical backstopping for a wide range of activities.

2. European region and the CIS/Baltic States

44. UNFPA assistance to the European region continued to focus on efforts to reduce the high incidence of abortion and the relatively high rates of infant and maternal mortality. Overall, allocations to the region during 1992 totalled some $4 million, approximately a quarter of which was earmarked for activities in Albania.

45. Albania celebrated its first National Family Planning Day on 27 June 1992 with a one-day workshop for 200 health providers. UNFPA continued to provide modern contraceptives to Albania, along with the necessary training for medical staff in their use. In addition, the analysis, dissemination and use of census data proceeded with UNFPA support. The Fund also continued to provide support to the Population Studies Unit that had been established at Tirana University in 1991.

46. A UNFPA project-formulation mission visited Bulgaria in June and prepared a major family planning project for funding consideration by the donor community. An international seminar on the latest technology for statistical applications was held in Hungary as one of the activities in a UNFPA-supported project to develop population databases. Romania undertook its first full census in many years. The tabulation and analysis of the data are proceeding as planned.

47. A UNFPA programme review mission visited Turkey in November. The mission recommended extending the current country programme for another two years (1993-1994) and fielding a PRSD mission in 1993. The mission also recommended expanding the coverage of the MCH/FP programme to the overnight communities around the major cities where migrants live. It further recommended that contraceptive implants and injectables should be introduced into the country's contraceptive mix and that women community leaders should be used to provide information on MCH/FP services, distribute contraceptives and create awareness on AIDS and related issues. The mission stressed that national NGOs had the capacity to complement government efforts to increase the use of modern contraceptives.

48. Activities were suspended in the former Yugoslavia, and the UNFPA Representative there was temporarily relocated to Vienna.

49. UNFPA participated in the United Nations Joint Collaborative Mission to the Newly Independent States (NIS) which took place from 16 February to 2 March. The mission found the need for assistance in

family planning to be greatest in the Central Asian Republics, wherein the Ministries of Health of each Government appealed to the international donor community for assistance through the Tashkent Appeal Partnership. The joint mission called for immediate emergency and humanitarian assistance in family planning and a full assessment of the needs of these countries.

50. As a follow-up to the Joint Collaborative Mission, UNFPA organized two needs assessment missions, which were funded by Germany under a trust fund arrangement. One mission visited the Baltic States of Estonia, Latvia and Lithuania from 2 to 17 November; and the other visited the Central Asian Republics of Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan from 26 October to 25 November. In addition, UNFPA provided emergency supplies of contraceptives to the Central Asian Republics under the same German trust fund arrangement. The missions identified priority strategies and needs in the areas of family planning and IEC amounting to $2.5 million in the three Baltic States for three years and $23.2 million in the four Central Asian Republics for four years. The draft reports of these missions are expected to be finalized in March 1993 and will be shared with the international donor community in order to mobilize resources for these countries.

51. Regional programme. In 1992, the regional programme began a new four-year cycle. UNFPA continued its support to "Entre Nous", the quarterly magazine for European family planning workers published by the Sexuality and Family Planning Unit of the WHO Regional Office for Europe. The Fund also supported, in cooperation with the Population Activities Unit of the Economic Commission for Europe (ECE), three regional projects in the areas of ageing, migration and fertility surveys.

52. The WHO Regional Office for Europe again provided technical assistance to the countries of Central and Eastern Europe to help formulate, implement and monitor MCH/FP activities.

53. Preparatory meetings were held in relation to the Population Conference for Europe and North America, which was to take place in Geneva in March 1993. The conference, organized jointly by the Council of Europe, the ECE and UNFPA, was part of the preparatory process of the 1994 International Conference on Population and Development.

C. Asia and the Pacific

54. A major event in the region during the year was the Fourth Asia and Pacific Conference, a ministerial-level meeting held in Bali, Indonesia, in August. His Excellency, President Soeharto, inaugurated the conference, which was organized jointly by the Economic and Social Commission for Asia and the Pacific (ESCAP) and UNFPA. The conference adopted the Bali Declaration on Population and Sustainable Development, which calls on countries in the region to make a firm political and financial commitment to incorporate population and environmental concerns fully into all national efforts to achieve sustainable development. The declaration urges those countries with rapid population growth to reduce their fertility rates to 2.2 children per woman by 2010. It further calls on countries to reduce infant mortality to 40 per 1,000 during the same period and to cut maternal mortality by at least half in countries with high rates.

55. At its thirty-ninth session, the Governing Council approved new country programmes for Bhutan, Mongolia, Nepal, Papua New Guinea, Sri Lanka, Thailand and Viet Nam, as well as the subregional programme for the South Pacific. During 1992, UNFPA conducted a PRSD exercise in the Lao People's Democratic Republic, using its findings and recommendations in formulating the country programme the Fund is submitting to the Council this year for its consideration and approval.

56. UNFPA again allocated the largest proportion of its assistance to the region to MCH/FP activities, followed by IEC. During the year, the Fund placed special emphasis in a number of countries on improving the quality of life of the population in addition to reducing population growth. UNFPA therefore emphasized

Safe Motherhood in the new generation of MCH/FP activities in Bhutan and India, as well as in activities being developed in the Lao People's Democratic Republic and Papua New Guinea.

57. As a result of past UNFPA assistance, many countries in the region have achieved self-reliance or technical competence in the area of data collection and analysis. In 1992, UNFPA provided technical assistance to the census enumeration in a group of Pacific countries, including Nauru, Niue, Tokelau and Tuvalu, and supported efforts in China, Nepal and Viet Nam to analyse census data and disseminate the results. The Democratic Republic of Korea, Malaysia, Nepal and the Philippines succeeded in improving the research skills of staff in population units, institutions and universities through training and the upgrading of technology to process and analyse data. In India, UNFPA helped to develop a project to test new technologies to speed up data processing and analysis in the next decennial census, scheduled for the year 2001.

58. UNFPA continued to emphasize activities designed to improve the status of women, often through support to education programmes for women and girls, and to facilitate their participation in social and economic development, notably in Bangladesh, China, India and Mongolia. Moreover, the Fund supported several projects in China to establish income-generating activities for women in poor and remote rural areas and a fisheries project in the Philippines to provide training in micro-enterprise management and family welfare.

59. UNFPA initiated several projects during the year in the area of population and the environment. A project in the Philippines, for example, is promoting awareness on the need to moderate population growth and ensure the sustainable use and development of resources. Another, initiated in the South Pacific in collaboration with the South Pacific Regional Environmental Programme, seeks to incorporate population factors into environmental management activities. UNFPA also helped to organize a seminar in the Lao People's Democratic Republic to discuss the effects of population factors on socio-economic development and the environment.

60. During 1992, UNFPA engaged in activities to address two of the most serious new challenges facing the region in coming years, ageing and AIDS. The rapid demographic transition taking place in many countries in the region is accelerating the increase in the number of people aged 60 and over. As a result, by the year 2000, almost half of the world's 590 million elderly people will be living in the Asia and Pacific region. UNFPA supported research and pilot activities to help Governments develop strategies to take population ageing into account in development planning. In the area of AIDS prevention, UNFPA promoted the use of condoms in Thailand and supported mass information and education campaigns in the Philippines. Moreover, in the Maldives, Pakistan and Sri Lanka, among others, UNFPA provided assistance to incorporate AIDS education into population and family life education activities.

61. Programme coordination and collaboration between UNFPA and its multilateral and bilateral development partners reached unprecedented levels in the region in 1992. Periodic meetings to exchange information and programme plans have become commonplace in Bangladesh, India, Indonesia, Nepal, Pakistan, the South Pacific and Sri Lanka, among others. Moreover, UNFPA and the World Bank embarked on numerous joint monitoring, programme formulation and technical review missions, and collaborative activities between the two organizations are under way in Bangladesh and under consideration in China, Indonesia, the Islamic Republic of Iran, the Lao People's Democratic Republic, Nepal, Pakistan and Papua New Guinea. The Fund continued to participate actively in the work of the JCGP, in particular setting up inter-agency task groups in Nepal, Pakistan and the Philippines to develop an inter-agency approach for support to population activities.

62. The UNFPA-supported MCH/FP project in Afghanistan continued throughout the year in spite of the political and security problems there. The project, which seeks to reduce infant, child and maternal morbidity

and mortality, focuses on strengthening pre- and post-natal health care and services. In Bangladesh, UNFPA worked closely with the Government to identify the major areas of UNFPA assistance during the fourth five-year plan and to formulate programme activities accordingly. The Fund also completed a study on the feasibility of manufacturing condoms and IUDs locally, assisted the Government in organizing workshops for project directors and district officials to help improve their management skills, and collaborated with the World Bank in advising the Government on how to operate a fund to support multisectoral activities aimed at accelerating fertility decline. UNFPA entered into an agreement with the Government to assist it in procuring and delivering contraceptives and in executing the second phase of the management development unit project, both of which are being financed by the World Bank and its co-financiers in the context of the Fourth Population and Health Project.

63. In Bhutan, the second UNFPA country programme got under way, as the Fund continued to support efforts to develop the country's primary health infrastructure and services. Several new programme activities were developed during the year, including a Safe Motherhood project to cut maternal mortality in half, a programme to introduce population education into the school system, and a project to make use of various communication and information channels to support MCH/FP activities. Early in the year, UNFPA fielded a technical mission to Cambodia to assess the country's needs prior to the preparation of a UNFPA country programme, which will be developed once the newly elected Government assumes office in 1993. The mission found an urgent need to formulate and implement MCH/FP activities, to develop the national capacity to collect population data, and to strengthen the system of vital registration.

64. In China, nearly all of the UNFPA-assisted projects reached their peak level of implementation. The year's most noteworthy activity was the UNFPA-funded study on the health and demographic implications of the continued use of stainless-steel-ring IUDs and on the advantages and cost-effectiveness of converting to the exclusive use of the more reliable and much safer copper-T IUD. The study's findings prompted the State Family Planning Commission to decree that the stainless-steel-ring IUD would no longer be produced after 1992. Other successful activities included the completion of a comprehensive survey on the support system for the elderly in China and the implementation of several projects at the grass-roots level that focus on, inter alia, making use of IEC in support of family planning programmes, training family planning workers in interpersonal communications techniques, setting up income-generating activities for rural women in nine central and northwestern provinces and extending integrated MCH/FP services in 300 of China's poorest counties.

65. The implementation of the UNFPA programme in the Democratic People's Republic of Korea improved significantly in 1992, particularly as concerns preparations to conduct the first modern national census, the programme's top priority. Staff were trained, equipment purchased and the date of the actual enumeration set at 1 July 1993. UNFPA assistance also helped to expand and improve MCH/FP activities at Pyongyang Maternity Hospital; to initiate research on contraceptive technology through a visit of a group of international scientists; and to strengthen the technical capacity of the Population Centre to collect, process and analyse basic demographic and socio-economic data.

66. In India, the Government embarked on its eighth five-year development plan, which identifies controlling population growth as one of its six main objectives. During the year, within the context of its fourth country programme, UNFPA developed 14 new projects, 6 of which became operational. The 6 projects seek, among other things, to supply MCH/FP programmes with pills, IUDs and newer contraceptives; to strengthen IEC activities in support of family planning programmes; and to introduce new technologies to help process and analyse population data. The Fund also conducted mid-term evaluations of its MCH/FP area development projects in Himachal Pradesh and Rajasthan. While noting the many positive achievements of the projects, the evaluations did note problems with the quality and utilization of physical facilities and with the progress made in training.

67. In Indonesia, the Government adopted a population law to help meet the dual challenges of population growth and environmental degradation in the twenty-first century. During the year, UNFPA continued to strengthen and expand family planning services throughout the country, especially in the remote outer islands. The Fund also assisted the Government in providing quality counselling services in MCH/FP and in strengthening the capacity of local communities to tailor MCH/FP activities to meet their particular needs.

68. Population activities in the Islamic Republic of Iran made notable progress during the year as the Government doubled the resources allocated to family planning programmes at the national level and established a new Department of Population and Family Planning in the Ministry of Health and Medical Education. As part of its efforts to help strengthen the MCH/FP component of the Family Health Programme, UNFPA provided training to improve the managerial capabilities of national staff and helped establish and equip 20 new health houses to increase the coverage of MCH/FP services. The Fund also supplied various methods of modern contraception, including Norplant contraceptive implants.

69. In the Lao People's Democratic Republic, UNFPA assistance helped provide birth-spacing services in two health centres in the capital. It also enabled national staff to analyse data from a UNFPA-supported multi-round vital statistics survey, which will be useful in development planning. In Malaysia, the Fund continued to formulate projects for the fourth country programme, which was approved by the Governing Council in June 1991. UNFPA assistance to the Department of Statistics helped Department staff conduct an advance tabulation and a post-enumeration survey of the recent population census. UNFPA-supported training in various aspects of MCH/FP and basic health care proceeded according to plan. UNFPA assistance in the areas of MCH/FP and population education continued in the Maldives, as the Fund provided contraceptives and counselling in support of child-spacing activities. The UNFPA-assisted Family Health Advisory Centre produced and distributed pamphlets, posters and other population information and education materials.

70. Mongolia began its first UNFPA country programme in 1992, initiating a project to collect and analyse demographic data for use in integrating population factors into development planning and another to establish a population teaching and research department at Mongolian State University. The Fund also provided a substantial amount of contraceptives and medical equipment for maternity homes and is currently assisting the Government in preparing a $3 million MCH/FP project that seeks, inter alia, to reduce maternal mortality by 50 per cent. One of the most notable achievements in Myanmar during the year was the completion of a baseline survey on birth-spacing practices and the availability of contraceptives. The survey, conducted in 20 townships, revealed a contraceptive prevalence rate of 25 per cent among married women of reproductive age and a considerable unmet demand for family planning services.

71. The third UNFPA country programme for Nepal ended its first year with a number of notable achievements. UNFPA assistance helped, inter alia, to construct two regional health training centres and lay the groundwork for a third; carry out an in-depth study on contraceptive requirements and logistics management needs; and complete a fertility, family planning and health status survey. Moreover, UNFPA and the Finnish International Development Agency (FINNIDA) concluded an agreement whereby UNFPA will make use of FINNIDA's contribution to the country's health programme to assist the Government in procuring Norplant contraceptive implants.

72. In Pakistan, 1992 was a bridging year between UNFPA's fourth and fifth programme cycles. In collaboration with interested donors and NGOs, UNFPA fielded a mission to Pakistan to assess its contraceptive requirements over the next 10 years. The Fund also helped the Government to prepare a background paper for a donors meeting on population welfare, which was held in November in Islamabad. UNFPA provided emergency supplies of IUDs and Norplant implants to help offset a shortage of contraceptives, extended technical and financial support to the Population Census Organization to prepare for the national population census rescheduled for 1993, and initiated a pilot project in Punjab province to train

selected women to provide family planning services and counselling in their own homes as well as in the homes of women in other villages.

73. MCH/FP was again the major focus of UNFPA assistance to the Philippines, accounting for some 76 per cent of total programme expenditures during the year. Such assistance helped train over 1,400 clinical personnel in family planning and Safe Motherhood as well as 164 health personnel in interpersonal communications. Some 16 doctors, midwives and nurses attended a course on voluntary surgical contraception, and 32 outreach workers received training in helping prospective contraceptive users to make an informed choice from among the wide range of available family planning methods. UNFPA also sought to expand people's access to quality family planning services and information by strengthening the technical capacity of NGOs active in family planning activities.

74. The Governing Council's approval last year of the Fund's first subregional programme for the South Pacific coincided with a changed political climate in the region, most significantly in Fiji and the Solomon Islands, where there has developed a positive attitude towards strengthening population programmes. Among the projects formulated under the programme during the year, two are particularly notable. One seeks to enhance the IEC capabilities in the Pacific region, in collaboration with the South Pacific Commission. The other focuses on the critical linkages between population and the environment.

75. The first UNFPA country programme in Papua New Guinea proceeded apace as the respective government ministries formulated most of the programme's activities with the assistance of UNFPA. The Fund continued to support several ongoing activities, including a rapid evaluation exercise of such areas as MCH/FP service networks, human resources and logistics. UNFPA provided assistance to the Papua New Guinea Family Planning Association to promote IEC activities and to train traditional birth attendants (TBAs), and supported a confederation of NGOs to promote population awareness activities in all provinces throughout the country.

76. The Republic of Korea again demonstrated its commitment to sharing the experiences of its successful family planning programme, assuming a portion of the domestic costs for an international training workshop, which was conducted by the Planned Parenthood Federation of Korea (PPFK) and attended by 21 women leaders from 11 countries in the region. The PPFK also conducted, with UNFPA support, some 3,000 sex-education classes for over a half a million secondary-school and college students. In spite of ongoing civil disturbances in one-third of the island, population continued to be recognized as an important issue in Sri Lanka. UNFPA successfully implemented the first phase of its strategy to help the Government gradually establish a self-sustaining family planning programme. On the one hand, it provided a substantial amount of funds for contraceptive supplies. On the other hand, it concluded an agreement with the Government to procure contraceptives on a declining scale over the next five years.

77. In Thailand, a series of UNFPA-sponsored workshops brought together various government departments and NGOs to develop innovative strategies to address the most pressing population challenges facing the country. The workshops identified four main challenges in the area of MCH/FP: to ensure high quality reproductive health care; to promote self-reliance in formulating and implementing family planning programmes; to integrate AIDS prevention into family planning activities; and to reach under-served groups with MCH/FP services. The UNFPA-supported condom factory in Viet Nam passed an important milestone during the year as it met WHO's specifications for quality and efficiency. UNFPA further enhanced the country's contraceptive outlook when it approved a new project to ensure an adequate supply of contraceptives and improve the method mix over the current four-year programme cycle. In addition, the General Statistical Office made significant progress in its efforts to establish a census database.

78. Regional programme. Under the regional programme, ESCAP continued to help countries build up their national population information (POPIN) networks. By the end of the year, the Asia-Pacific POPIN

system included more than 200 information centres and libraries, and national POPIN networks in China, India, Indonesia, Malaysia, the Philippines, the Republic of Korea and Thailand were essentially self-sufficient.

79. The first phase of a UNFPA-supported ESCAP project focusing on the role of women in population change and development got under way as a group of experts met in Bangkok to discuss the project's concept and design. The group agreed that the next phase of the project should be to produce a computer-based simulation model to provide insights into the interlinkages between the three elements. ESCAP also organized two other expert group meetings -- one to develop a study design to undertake case studies of migration and urbanization in selected countries in the region; the other to identify major issues of population ageing, in conjunction with the first Global Conference of the International Federation of Aging. ESCAP also helped prepare the methodology and strategy for country studies examining the interrelationship between population, the environment and poverty, which began to be carried out in India, Indonesia, Malaysia, Nepal and Papua New Guinea.

80. The UNFPA-supported regional clearing-house on Population Eduction and Communication, executed by UNESCO, provided training to 14 librarians, editors and computer experts and helped to develop national bibliographies on population education in China, the Maldives, Nepal, Pakistan and Viet Nam. The World Assembly of Youth organized, with UNFPA support, a regional workshop in Malaysia to inform and educate 35 national youth leaders about the importance of integrated population, environment and development programmes. The Fund also provided support to the Asia and Oceania Federation of Obstetrics and Gynaecology to conduct workshops on fertility management and maternal and child health care.

81. UNFPA provided support to the Japanese Organization for International Cooperation in Family Planning, Inc. (JOICFP) for three projects: one to help countries sustain community-based MCH/FP activities, with a special focus on women; another to develop, produce and distribute IEC materials aimed at improving women's health and their status in society; the third to promote awareness of and formulate policies on population ageing. The Fund also provided support to the International Planned Parenthood Federation (IPPF) for preparation of a training workshop for managers of adolescent reproductive health programmes in order to enhance the effectiveness of MCH/FP programmes aimed at youth.

82. Other NGOs receiving UNFPA assistance included the Asian Urban Information Centre of Kobe, to publish and distribute a newsletter on demographic and socio-economic issues in medium-sized cities; the University of North Carolina, to develop an Executive Masters of Public Health Programme for the Indian Institute of Health Management Research; CEDPA, to develop regional expertise to provide training and technical assistance to local NGOs and to strengthen the programme management and institution-building skills of NGO leaders through training; and the International Federation for Family Life Promotion, to conduct a workshop on natural family planning.

D. Latin America and the Caribbean

83. Despite dramatic drops in fertility rates during the past three decades, the population of Latin America and the Caribbean is projected to grow by some 81 million during the decade of the 1990s. Between 1992 and the year 2025, the population of the region will increase by over 53 per cent, from 457.7 million to over 700 million. The reason for such growth potential is the region's fairly young age-structure. Roughly 36 per cent of the population is under age 15 and the median age is 22 -- the same as the averages for the less developed countries of the world. Illegal abortion and adolescent pregnancy are among the region's most pressing population problems, especially among the poor. Both contribute to high rates of maternal mortality. Moreover, fertility rates remain high in Bolivia, Guatemala, Haiti, Honduras and Nicaragua, particularly among adolescents.

Strategy for UNFPA assistance in the region

84. In 1992, UNFPA devised a strategy to address these issues. It concentrates on improving women's reproductive health, with a major emphasis on reducing abortion and adolescent pregnancy and increasing contraceptive prevalence. It seeks to improve the quality of maternal health care and gives special consideration to efforts to widen the choice of available family planning methods and to provide effective counselling.

85. The strategy also focuses on developing and implementing comprehensive IEC strategies in each country. Even though the knowledge of population issues in the region has improved in recent years, there is still a great need to create awareness about the links between demographic changes and economic and social development, especially among policy makers and parliamentarians. The aim is twofold: to enhance the political support for population policies and programmes; and to bring about a more effective integration of population factors into development policies and plans at all levels.

86. Decentralization is an important component of the strategy and a means to improving programme effectiveness and enhancing community involvement. It enables local communities to identify the key population problems they face and to target programme activities to groups and areas most in need. Decentralization cannot be effective, however, unless it is accompanied by training in programme management, access to accurate demographic data disaggregated by subregion and gender, and a clear understanding of the socio-economic and cultural profiles of communities, each of which is accorded special attention in the strategy. The strategy also seeks to involve women in all stages of programme formulation and implementation, emphasizes the need to create awareness of women's role in and contribution to social and economic development, and stresses the need to strengthen national capacity to carry out gender analysis.

UNFPA programme in 1992

87. In 1992, UNFPA added a Country Director in Honduras and one in Nicaragua, bringing to eight the number of Country Directors in the region. The Fund also conducted PRSD exercises in Colombia, Guatemala and Nicaragua. All three missions indicated that the Governments concerned were aware of the impact of high population growth rates on the social and economic development of their respective countries and that high rates of maternal mortality and adolescent pregnancy were important issues that had to be addressed.

88. Maternal and child health and family planning. In 1992, the MCH/FP sector received approximately 44 per cent of UNFPA's allocations to the region. A total of 42 MCH/FP projects were operational during the year, most of which were executed by WHO/Pan American Health Organization (PAHO).

89. In line with its strategy, UNFPA-supported MCH/FP activities concentrated on improving women's reproductive health. The Fund therefore helped the countries in the region to develop activities to improve the quality of reproductive health care, provide effective counselling, enhance the delivery of family planning services and expand the mix of available family planning methods. Two important MCH/FP projects in Bolivia completed their cycles during the year. One helped to extend family planning services in 13 rural and marginal urban health districts; the other established family planning services in 10 referral hospitals. UNFPA also approved a project to provide MCH/FP services to meet the growing demand in the 30 poorest rural health districts in Bolivia. Colombia promoted the use of Norplant subdermal implants and trained doctors in its use. It also provided training in family planning techniques and counselling. A small project seeking to extend family planning services to some 29,000 women of reproductive age in the western and northern districts of Santo Domingo became operational in the Dominican Republic. The project also seeks to create greater awareness among both men and women regarding AIDS prevention.

90. In El Salvador, UNFPA worked closely with the Government, NGOs and local communities, within the context of national reconstruction, to formulate a project to strengthen reproductive health services and related education activities. An MCH/FP project being executed in eight provinces in Ecuador helped to train some 1,300 rural midwives and 2,000 community leaders in health education. The project also supplied health centres with contraceptives and equipment for midwives. In Jamaica, UNFPA supported the training of medical personnel and health promoters, and provided contraceptive supplies in collaboration with the World Bank. In Haiti, the Fund made use of NGOs to organize four workshops aimed at training young obstetricians and gynaecologists in family planning techniques. UNFPA also approved a project to develop and implement a community-based family planning programme for rural Andean women in Peru. The project will study the women's attitudes, behaviour and practices regarding family planning, including the use of various plants as contraceptives.

91. Adolescents were an important target for UNFPA assistance. For example, in Colombia, Costa Rica, the English-speaking Caribbean and Panama, UNFPA supported comprehensive reproductive health activities directed at adolescents in order to help reduce high adolescent pregnancy rates in these countries. The Fund also approved a reproductive health project in Ecuador to help adolescents avoid unwanted and high-risk pregnancies. The overall aim of the project, which combines information and education activities with reproductive health and family planning services, is to reduce maternal mortality and diminish the incidence of abortion. Most of UNFPA's support to a family planning project in Mexico went to train health promoters and medical personnel in providing family planning information and services to adolescents. The project also organized special courses for pharmacists on reproductive health.

92. The very high rate of abortion remained a priority concern of national health authorities in Cuba and a focus of UNFPA assistance there. During the year, the Fund approved four interrelated projects whose collective aim is to reduce the high rate of unwanted pregnancies that result in voluntary abortions. One project provides a wide variety of contraceptives; another offers training for family doctors and nurses in family planning service delivery; the third seeks to create awareness of the availability of such services through a communications campaign; the fourth supports socio-cultural research to determine why women choose abortion as a means of family planning.

93. Information, education and communication. During the year, UNFPA supported 45 IEC projects throughout the region, accounting for 13 per cent of its resources to the region in 1992.

94. The premier awareness-creation event in Latin America and the Caribbean during the year was the celebration on 11 July of World Population Day. Population issues were discussed on radio and television talk shows, featured in poster contests among school children and was the subject of seminars organized for women's groups and policy makers. The multimedia coverage helped to reinforce the impact of the Fund's regular IEC activities, which paid special attention to promoting awareness among policy makers, parliamentarians, economic planners, educators and the public at large about the interrelationship between population and economic and social development.

95. During the year, UNFPA supported numerous IEC activities to help prevent adolescent pregnancies. For example, UNFPA approved a training programme in sex education in five states in northeast Brazil. The programme, which will train some 520 professors of future public school teachers, seeks to reduce adolescent pregnancy and the incidence of STDs and AIDS. Another project, executed by an NGO founded by the Brazilian Council of Bishops, seeks to include counselling on birth spacing and breast-feeding as part of the IEC activities conducted by the vast network of community health agents, most of whom are women. The project, which provides assistance to produce educational videos, radio programmes and information bulletins, is the first joint initiative of UNFPA and the Catholic Church in Brazil.

96. The Fund also supported the Presidential Programme on Women, Youth and the Family in Colombia. The programme provides information, education and services related to family planning, responsible sexual behaviour, and AIDS and other sexually transmitted diseases. It has fostered collaboration between the Government and three national NGOs in the Atlantic and Pacific regions and promoted community participation. In the Dominican Republic, a project on sex education and family life trained some 880 sex education promoters, all of them students, in the basics of human sexuality, STDs and AIDS. These students returned to their schools and told their classmates what they had learned. In the English-speaking Caribbean, IEC activities addressing the concerns of adolescents and youth were incorporated into family planning and family life education projects.

97. UNFPA-supported population education activities focused on introducing this important topic into formal and non-formal educational systems. In Brazil, the Fund worked closely with UNESCO, UNICEF and UNDP to develop a mechanism to train some 18,000 teachers and social communicators to help fulfil the country's basic education needs concerning population and related issues. UNFPA approved a new UNESCO-executed project in Ecuador that will seek to incorporate population education into the school curricula at all levels and into teachers training. A population education project executed by the Archdiocese of San Salvador became operational in El Salvador during the year. Its aim is to develop materials and communications and training activities to help incorporate population education into a non-formal education programme. It is oriented towards families in general, but especially towards women in rural and marginal urban areas. A new project in Honduras started to develop activities aimed at the out-of-school sector. Two projects were developed in Mexico employing a gender analysis framework. One seeks to adapt adult education programmes to the needs of poor urban women. The other tailors population education to the needs of young couples about to be married.

98. Demographic analysis and population policy formulation. UNFPA allocated 21 per cent of its resources for the region to 24 projects in demographic analysis and 23 in the area of population and development.

99. UNFPA support enabled several countries in the Eastern Caribbean to implement population policies in 1992. These were St. Lucia, St. Vincent and the Grenadines and Grenada. It also helped organize two small training courses dealing with demography and planning in Brazil and strengthened the technical capacity of the National Department of Planning in Colombia to incorporate population factors into development planning at all levels. UNFPA approved a project in Ecuador to implement a national population policy and to disseminate data and research on population and development. The Fund also supported efforts to revise the population policy of El Salvador and provided assistance for training and research in demography and in population and development. In Honduras, UNFPA supported a project to incorporate population concerns into the municipal planning of San Pedro Sula.

100. The National Population Council (CONAPO) of Mexico, with UNFPA support, organized a three-day workshop on population growth and distribution in Mexico City and its impact on the environment. CONAPO made use of a UNFPA-financed computerized geostatistical information system during the year to plan and formulate population programmes and projects at all levels. The Fund also provided assistance for fellowships, research and training at the Colegio de Mexico and the Mexican Association on Population.

101. Data collection. UNFPA allocated 11 per cent of its resources to the region to 22 projects in this area. The Fund provided assistance to conduct censuses and census-related activities in Bolivia, the Dominican Republic, Ecuador, El Salvador, the English-speaking Caribbean, Guatemala, Nicaragua, Paraguay and Peru. In Venezuela, UNFPA supported efforts to analyse and evaluate 1990 census data, update mapping on poverty (in collaboration with UNDP), and conduct a census of indigenous populations.

102. The 1992 population and housing census of Bolivia, which was conducted with UNFPA support, is considered a landmark in the country's history. For the first time, the Government was able to use census data in social and economic development planning. UNFPA assistance was also instrumental in publishing the preliminary results of the 1990 census in the English-speaking Caribbean. The Fund provided consultants and equipment out of country-level census project budgets and technical advisory services out of a subregional project budget with the Caribbean Community (CARICOM). It also provided support to train nearly 600 national personnel in data processing in Antigua, Belize, the British Virgin Islands, Dominica, Grenada, Guyana, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines and Trinidad and Tobago.

103. UNFPA-assisted projects to develop information systems on displaced persons got under way in Guatemala and Nicaragua to help these two countries deal with internal and international migration. Another such information system was set up in El Salvador with the help of local NGOs.

104. Special programme. In all, 18 projects accounting for 4 per cent of UNFPA resources to the region were active during the year, most of them in the area of women, population and development. A project in Costa Rica directed at poor women provided training in reproductive health and in income-generating activities and promoted awareness of women's legal rights. UNFPA also supported a project in Barbados to study the impact of early child-bearing on the size of families and the incidence of female-headed households, and one in Jamaica to help adolescent mothers to return to school in order to raise their self-esteem.

105. An interesting research project got under way in Mexico to create awareness on the linkages between environmental problems, women's health (including reproductive health) and women's workload. The results of the study, which is being carried out in four indigenous and mestizo communities in the state of Chiapas, will be used to elaborate an education action plan. A project specially tailored for men in the Dominican Republic established 270 condom-distribution posts in such locations as barber shops, sports clubs and fire, police and armed-forces stations. The project also provided informal counselling for over 60,000 prospective contraceptive users as well as training in family planning techniques and AIDS prevention for 10 doctors.

106. Regional programme. The year marked the beginning of a new four-year cycle of the UNFPA regional programme for Latin America and the Caribbean. The Fund approved a large-scale programme for collaborative activities with the Latin American Demographic Centre (CELADE) and PAHO as well as projects with UNESCO and the ILO. Although UNFPA had hoped to increase its collaboration with NGOs under the regional programme, it was not able to do so because of financial constraints. Only JOICFP received substantial support under the programme, while a few other NGOs such as IPPF, the Latin American Population Program (PROLAP), CEDPA and the International Union of Scientific Study on Population (IUSSP) received small allocations.

107. The activities initiated under the new cycle differed from those of the previous cycle. Whereas in the past the bulk of UNFPA regional resources were earmarked for technical assistance, starting in 1992 such assistance was to be provided by the UNFPA Country Support Team (CST) based in Santiago, Chile. As a result, the regional programme provided assistance to carry out research, exchange information, create awareness, develop didactic materials, establish regional information networks, and promote technical cooperation among developing countries (TCDC), among other things. Insofar as the primary purpose of regional activities is to complement and supplement country-level activities, the regional programme paid particular attention to efforts to reduce adolescent pregnancies and maternal mortality.

108. Collaborative activities with CELADE, the largest recipient of the UNFPA regional programme in 1992, focus on data collection, demographic research, and population and development. Those with PAHO seek to improve the quality of reproductive health care for both adults and adolescents and of family planning services, reduce maternal mortality and enhance education in reproductive health care and family planning.

Those with UNESCO involve the production and dissemination of population education materials, including guidelines for in- and out-of-school training for educators and promoters. The programme with the ILO seeks to formulate population policies aimed at reducing poverty through interventions in the labour market.

E. Interregional programmes and projects

109. The interregional programme, approved by the Governing Council in 1991 in the amount of $111.6 million, began a new four-year cycle in 1992. Allocations for the year totalled approximately $20.1 million. MCH/FP activities received the largest share of programme resources, about $7.8 million, or 38.9 per cent of the total. This was followed by population policy formulation/population and development at $4.1 million, or 20.3 per cent, and IEC at $3.5 million, or 17.3 per cent. The remaining $4.7 million, or 23.4 per cent, went to the other areas of the UNFPA programme, including population dynamics, multisectoral activities, special programmes (e.g., ageing, youth, women, population and the environment) and data collection, among others. The interregional programme did not include support for technical advisory posts, as such posts were to be provided for under the Fund's Technical Support Services (TSS) arrangement approved by the Council in decision 91/37 (see document DP/1993/32).

110. During the year, UNFPA developed the projects that comprise the programme in collaboration with the United Nations and its various specialized agencies and organizations and with NGOs. The programme's MCH/FP activities again focused on contraceptive research. The primary aims remained the same as before: to widen the range and enhance the effectiveness of safe contraceptives; and to devise and/or update technical, managerial and service guidelines on contraceptive technologies. The bulk of this research was carried out by the WHO Special Programme of Research, Development and Research Training in Human Reproduction (WHO/HRP), the International Committee for Contraception Research, and The Population Council. The Fund also continued to participate actively in the WHO Global Programme on AIDS (GPA).

111. The interregional programme continued to provide specialized training in integrating population factors into the development process through the Global Programme of Training in Population and Development. The Global Programme undertook the necessary steps to add a new English-language training component at the Cairo Demographic Centre in Egypt, supplementing the programme's four other components in Belgium, Chile, India and the Netherlands.

112. Research on socio-cultural factors affecting demographic behaviour also received considerable attention in the interregional programme. The findings of such research will be used to facilitate population policy formulation and to enhance programme performance. They will also help countries to tailor IEC strategies to reach specific target groups and to enhance community participation.

1. Agency-executed projects and programmes

113. WHO. In 1992, UNFPA continued its support to the WHO interregional programme. Under a project designed to set standards for family planning and contraceptive technology, WHO developed technical and managerial guidelines for managers of MCH/FP programmes. The guidelines, which will be distributed in 1993, address such subjects as community-based distribution of contraceptives, oral contraceptives, contraceptive method mix, female sterilization, and prevention and management of infertility. Another project continued efforts to expand the database on the reproductive health and sexuality of adolescents and on current programmes and projects designed to meet their needs. WHO used the findings of 11 country studies to devise action plans in sub-Saharan Africa, and in three regions it initiated country-level surveys of MCH/FP services aimed at adolescents. It also provided support to 11 countries in various regions to develop policies and programmes addressing adolescent reproductive health.

114. During the year, WHO/HRP launched a special report on reproductive health which was acclaimed as the most comprehensive ever on the subject. Subtitled "A key to a brighter future", the report reviews two decades of progress in reproductive health, notes the current impediments to better reproductive health and highlights the challenges ahead. It examines the global impact of the HRP programme and concludes with a look at the development of new technologies, the introduction and management of contraceptives, and the social dimensions of reproductive health, among other topics. The report was co-sponsored by UNDP, UNFPA, WHO and the World Bank.

115. In 1992, WHO/HRP continued to conduct comparative trials of two copper IUDs in order to provide information on their safety and effectiveness up to and beyond 10 years of use. HRP completed the fourth year of a five-year multinational study in developing countries on the use of hormonal contraceptives and the risk of developing cardiovascular diseases. It also concluded an introductory trial of Cyclofem, a once-a-month injectable contraceptive, in three states in Mexico, continued to conduct similar trials in Chile, Indonesia, Jamaica, Thailand and Tunisia and paved the way for such trials in Brazil, Colombia and Peru. HRP helped to transfer the technology to manufacture Cyclofem to companies in Indonesia, Mexico and Thailand and provided support to validate the manufacturing procedures in Indonesia and Mexico through the Concept Foundation, an independent non-profit organization, and the Programme for Appropriate Technology in Health/Program for the Introduction and Adaptation of Contraceptive Technology (PATH/PIACT).

116. ILO. During the year, the ILO initiated two major activities under the interregional programme -- one to facilitate the integration of population factors into development planning; the other to extend and strengthen population and family welfare education in the work setting. Under the first activity, the ILO began efforts to develop conceptual, methodological and empirical approaches for collecting integrated statistics for use in planning. It also upgraded microcomputer-based training and planning software (including POPILO, the Lotus-based population and labour-force software package) and took initial steps in preparing guidelines covering the analysis of demographic and related socio-economic data. The second activity got under way as the ILO initiated efforts to include population elements in the curricula of various training institutes, including its own International Training Centre in Turin, and in the work programmes of employment federations and the strategies and activities of women's organizations. It also held a seminar in December to discuss the impact of teen-age pregnancy on employment opportunities for women.

117. The ILO issued a number of publications during the year, including a training monograph on population, labour force and employment (in English, French and Spanish); eight working papers covering a wide range of population issues; a brochure on International Labour Standards and ILO Population Programmes; and a training paper on Guidelines for Baseline Surveys and Impact Assessments, among others. It also continued to provide technical backstopping in a number of developing countries for activities related to population and family life education in the work setting.

118. United Nations. The Population Division started a new research project to study the health implications of sex discrimination in childhood. It prepared nationwide comparisons of sex differentials in child mortality and reviewed cultural and socio-economic determinants of excess female child mortality. The Population Division also began a study to examine the family building process in different countries. Its aim is to make family planning policies and programmes more responsive to the needs and aspirations of couples and individuals at different stages of family building. The study involves original analysis of data gathered in recent fertility surveys in a wide range of countries, as well as of studies examining the interrelationship between population growth and poverty and between population pressure and resources.

119. The Statistical Division organized an inter-agency working group to discuss how best to collect and use data to measure progress towards certain social goals. In assessing the minimum data requirements for measuring social progress, the working group came up with 28 statistical indicators and six indicators on the

situation of women as the minimum data requirement for achieving the adopted social goals. Moreover, the Division further developed statistical methods, such as rapid assessment techniques, and prepared related technical studies, manuals and guidelines to assist countries in efforts to measure and monitor progress towards social and human development goals.

120. UNFPA demonstrated its continuing commitment to improve statistics on women by providing funding for the United Nations Women's Indicators and Statistics Database for Microcomputers (WISTAT), the authoritative source of statistics on women worldwide. WISTAT covers nearly all countries and territories and most fields of social and related statistics and is the main source of statistics for reports prepared by the Commission on the Situation of Women and the Committee on the Elimination of Discrimination Against Women.

121. UNESCO. UNESCO and UNFPA continued to work closely on preparations for the International Congress on Population Education and Development, to be held in Istanbul, Turkey, in April 1993. The two organizations participated in an inter-agency planning meeting and helped produce a number of documents for the Congress, including the working and background documents and a technical paper on reconceptualizing population education. As part of its regular collaboration with UNFPA, UNESCO undertook a research study on socio-cultural factors affecting demographic behaviour and their implications for the formulation and execution of population policies and programmes. UNESCO also continued to provide technical backstopping during the year to UNFPA-supported population education activities in various regions.

122. FAO. In the new cycle of the interregional programme, FAO and UNFPA worked together to give the FAO-executed programme new direction and motivation. Both agencies agreed to build on past achievements and to address different sectors, e.g., fisheries and forestry, in population projects. For example, FAO initiated a pre-project activity to strengthen research and training in how population and development interact in rural fishing communities. It also initiated a training programme to help rural youth and farmers to make effective use of population education materials in their communities. FAO carried out pilot activities for leaders of rural youth in Ethiopia, including a six-day workshop to train selected youth leaders and extension workers in how to use the FAO leaders' guide on population education.

2. NGO-executed projects

123. In 1992, UNFPA continued to support activities conducted by numerous NGOs, including The Population Council, IPPF, JOICFP, CEDPA, Johns Hopkins University, Harvard Law School and IUSSP, among others.

124. IPPF. During the year, UNFPA contributed approximately $2 million to IPPF to support activities in all regions. The Fund also participated in IPPF's donors' meeting in 1992 and was an active participant in its Medical and Programme Committees.

125. IPPF interregional activities in the area of adolescent reproductive health heightened during the year in Colombia, Egypt, Jamaica, Senegal, Sierra Leone and Sri Lanka, as IPPF initiated a number of projects in each country. For the most part, such projects were executed by national youth organizations. The quarterly environmental supplement Earth Watch, a joint publication of IPPF, UNFPA and The World Conservation Union (IUCN), spawned a new publication named People & the Planet, which was launched at the Earth Summit in Rio de Janeiro. The first issue contained an overview article on the importance of population issues in the UNCED process as well as a summary of the official positions of leading institutions, agencies and organizations on the linkages between population and the environment. Subsequent issues carried articles on, inter alia, the impact of population growth on the environment in the Central American region; population and environment in Egypt; and environmental degradation and its impact on population growth.

126. The Population Council. As part of its information dissemination programme, The Population Council produced and distributed, with UNFPA support, four issues of the quarterly journal Population and Development Review and six issues of the bimonthly journal Studies in Family Planning. In all, over 27,000 copies of these journals were distributed to individual subscribers in developing countries during 1992.

127. The Population Council continued to provide technical assistance to develop and introduce new and innovative contraceptives in order to expand the choices available to prospective users. The Council conducted research on users' attitudes and preferences, produced IEC training materials, conducted pre-introduction trials of new contraceptives and developed plans to expand service delivery. It also initiated new projects to introduce Norplant subdermal implants in Burkina Faso and Mauritius. Physicians from Burkina Faso were trained in Rwanda in April, and services began to be provided in September immediately following an orientation and counselling workshop. The Population Council also sought to expand the coverage of Norplant in the United Republic of Tanzania and Zimbabwe. Follow up on similar projects continued in Bolivia, Cameroon, Jamaica and Viet Nam.

128. As part of a joint UNFPA/Population Council activity to monitor large-scale family planning programmes in the developing world, the Council sent a questionnaire to 103 developing countries. The responses are being analysed and tabulated, and the results will be made available on diskette in future. A second series of analytical studies conducted under the auspices of The Population Council were completed during the year and the main findings published in leading journals and presented at international forums. The series included research on such subjects as family planning and child survival programmes, contraceptive use and commodity costs in developing countries and management lessons from programme efforts. The Council continued to support clinical studies of Norplant II and of work on a contraceptive implant for men.

129. IUSSP. With UNFPA support, the International Union for the Scientific Study of Population organized a training workshop in Liege, Belgium, in November on the "Analysis of Data from 1990-1991 Censuses in French-speaking Africa. The workshop covered, inter alia, data evaluation techniques and computer software for projecting demographic trends. IUSSP established two new committees: the Committee on Historical Demography, and the Committee on South-North Migration, which held its first meeting in December. The Union carried out preparations for its forthcoming General Conference, to be held in Montreal, Canada, in August-September 1993, and prepared its contribution to the International Conference on Population and Development, to be held in Cairo, Egypt, in September 1994.

130. Academic and international institutions. In an effort to respond to the increasing need in developing countries for up-to-date information on population programmes, contraceptive methods, family planning services and maternal and child morbidity and mortality, etc., UNFPA concluded an agreement with the School of Public Health of Johns Hopkins University to convert the world's largest database on population information (POPLINE) into a Compact Disc-ROM format. The compact disc is extremely user-friendly and can be accessed by a relatively inexpensive hardware device that is compatible with most personal computers. POPLINE CD-ROM is currently being used by 216 organizations in 69 developing countries. In 1992, Harvard Law School published volume 16 of the Annual Review of Population Law, which reported on some 640 legal developments from 120 jurisdictions and seven international organizations and contained a number of important documents not readily available elsewhere.

131. The fourth and fifth sessions of the International Training Programme in Family Planning (Tunis) trained some 39 trainees from 16 developing countries. The courses were organized by the National Office for Family and Population , with the cooperation of the University of Tunis and the Centre for Research and Training of the Ministry of Health. The Université Libre de Bruxelles provided technical support. The training covered such topics as contraceptive techniques, patient care, management techniques, situation analysis,

programming and evaluation. This was supplemented by practical training, which was provided in various clinics and health centres in Tunis.

132. In October, fellows at the International Institute on Aging (INIA) in Malta began attending a nine-month post-graduate course in Gerontology and Geriatrics that the Institute organized in conjunction with the University of Malta. INIA also conducted short-term training courses in social gerontology (February), income security for the elderly in developing countries (May) and geriatrics (June). The Institute published seven country monographs on ageing (Australia, Canada, China, Finland, Guatemala, Hungary and Israel). Twelve more are about to be published.

133. With UNFPA assistance, the International Centre for Diarrhoeal Research, Bangladesh, continued its programme of demographic surveillance and initiated preparations for international training seminars and workshops for 1993 on such topics as improving the effectiveness of family planning programmes through operations research and collecting and applying longitudinal data. The International Institute for Vital Registration and Statistics (IIVRS) prepared a prototype manual on civil registration and vital statistics and published a number of technical papers on such topics as the measurement of childhood mortality and the completeness and reliability of birth and death notifications in Kuwait. IIVRS also monitored an international programme to accelerate the improvement of vital statistics and conducted a feasibility study to improve civil registration and vital statistics in the Philippines.

134. Other NGOs. During 1992, numerous NGOs carried out important activities under the UNFPA interregional programme. For example, JOICFP continued to promote integrated family planning and public health activities, with a special focus on technical cooperation among developing countries and the sharing of experiences. As part of its efforts to help grass-roots NGOs build up their capacity to support women, population and development activities, CEDPA field-tested a training manual on "Training in Project Design" and one on "Training of Trainers". Both manuals were designed for use in different cultural and geographic settings and include supplementary sections on various management and training topics. The Alan Guttmacher Institute produced the annual French and Spanish editions of International Family Planning Perspectives, a publication designed to help couples and individuals in developing countries to improve their reproductive health and exercise more effective control over their fertility. Both editions featured peer-reviewed articles on contraceptive services and use, women's health and family planning, and fertility transition. The French edition focused on issues in francophone Africa.

3. Other major projects

135. Global Programme of Training in Population and Development. During the year, the Programme trained some 75 middle-level professionals from 48 developing countries at its four sites (Belgium, Chile, India and the Netherlands). Nearly half the trainees were women. UNFPA approved a project document to establish a new component of the Programme at the Cairo Demographic Centre in Egypt. The actual course is due to start in October 1993. The Fund also initiated a series of activities during the year in connection with the transfer of the training components in Belgium and the Netherlands to training institutes in two African countries. Activities included fact-finding missions to potential countries and their relevant institutes to identify and assess which institutes would be best suited to host the training programmes. A brief summary of the findings of one of these missions of experts is provided in paragraph 18 above.

136. The four components of the Programme developed and maintained active working ties with one another during the year. For example, the various programmes exchanged teaching staff and teaching materials, worked together to consolidate texts, and attended international meetings together. Moreover, the Programme Directors met in Trivandrum, India, in April for their annual meeting to jointly review the experiences of the 1990-1991 academic year and to make plans for 1992-1993.

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REPORTS REQUESTED BY THE GOVERNING COUNCIL

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STATUS REPORT ON THE IMPLEMENTATION OF THE STRATEGY FOR UNFPA ASSISTANCE TO SUB-SAHARAN AFRICA

1. In an effort to increase the effectiveness of its assistance in the region, UNFPA submitted to the Governing Council at its thirty-fourth session its strategy for UNFPA assistance in sub-Saharan Africa (document DP/1987/37). The strategy proposed to address African population problems by concentrating assistance on four priority areas: (a) intensifying public information, education, and communication (IEC) programmes to encourage attitudinal and behavioural change; (b) encouraging the integration of population into development planning and the formulation and implementation of population policies; (c) expanding birth-spacing/family planning information and service programmes; and (d) contributing to the improvement of the status of women. UNFPA submitted its second progress report on the implementation of the strategy to the Governing Council at its thirty-eighth session in document DP/1991/33. The Council noted the report with satisfaction and requested the Executive Director to report to the Council at its fortieth session on the continued implementation of the strategy (decision 91/35A). This report has been prepared in response to that request.

2. This report is presented in four sections. The first section provides a brief overview of UNFPA expenditures for country and regional activities in sub-Saharan Africa between 1986 and 1992. The second section reviews the progress made and constraints encountered in the main areas of the UNFPA programme during 1990-1992. The third section examines programme operations, and the fourth section provides a brief overview of the overall impact of the UNFPA programme. The principal sources of information for this report are UNFPA's financial and management information systems and the responses to a lengthy questionnaire completed in late 1992 by UNFPA field offices in 41 of the 43 sub-Saharan countries covered by UNFPA. Only Guinea-Bissau and Liberia did not respond in time to be included in the report. To provide a comparative perspective, these responses have been compared with those to a similar questionnaire completed by field offices in 1990.

I. UNFPA SUPPORT FOR STRATEGY IMPLEMENTATION

3. UNFPA increased its support for population activities in the region steadily and significantly from 1986 (the year before the adoption of the strategy) through 1990, as total expenditures (UNFPA regular and multi-bilateral resources combined) rose from $22.1 million to $56.8 million (see table 1). The resource situation in 1991 permitted only a modest increment, however, as total expenditures increased by only $3.9 million to $60.7 million. In 1992, total expenditures dropped by nearly $14 million to $46.9 million. This absolute downturn in resources led to a loss of momentum in implementing important activities. Although expenditures for UNFPA activities slowed in 1991 and dropped in 1992, those of other donors continued to grow in the region. For example, assistance provided by the United States Agency for International Development (USAID) grew steadily from $43 million in 1987 to $83 million in 1991, while World Bank approvals for multi-year population loans increased from approximately $22 million in 1986 to about $203 million in 1991. Overall, such financial trends imply a growing capacity of Governments and non-governmental organizations (NGOs) to implement population programmes in the region.

Table 1: Expenditures of UNFPA regular and multi-bilateral resources, 1986-1992
(in thousands US$)

COUNTRY	1986	1987	1988	1989	1990	1991	1992 (estimated)
Regular	16,582	18,862	23,408	29,289	39,350	43,231	33,017
Multi-bi	175	230	1,083	1,543	6,708	4,851	4,600
REGIONAL							
Regular	5,344	5,942	7,818	9,583	10,042	11,589	9,000
Multi-bi	0	119	441	594	708	1,037	250
TOTAL							
Regular	21,926	24,804	31,226	38,872	49,392	54,820	42,017
Multi-bi	175	349	1,524	2,137	7,416	5,888	4,850

4. Expenditures of UNFPA regular and multi-bilateral resources between 1986 and 1992 supported activities in all major programme areas in the strategy. For example, depending on the year, family planning and closely associated IEC accounted for between 52 and 55 per cent of total expenditures; basic data collection and analysis, 16-19 per cent; population dynamics, 10-17 per cent; population policy formulation and population and development, 10-11 per cent; and special programmes including those aimed at women and at youth, 2-6 per cent.

5. The following analysis focuses on achievements in the main programme areas of the strategy. Such achievements, of course, are attributable not only to the support provided by UNFPA, but also to the support and concerted efforts of other donors as well as of Governments and national and international NGOs.

II. PROGRESS IN THE MAIN AREAS OF THE STRATEGY

A. Population policy and development planning

6. Establishment of population commissions/units. A comparative analysis of field office responses to the 1990 and 1992 questionnaires indicates that the number of countries that established interministerial population commissions to coordinate and supervise population programmes increased from 14 to 22 between 1990 and 1992. The number of countries with population units also increased during the same period, from 29 to 33. Such units are generally located in ministries of planning or finance and are responsible for, inter alia, creating awareness of population issues, serving as the secretariat of population commissions, and integrating population factors into development planning. In almost all these cases, UNFPA provided support to help establish and/or strengthen these population commissions and units.

7. Basic data collection and demographic research. In order to fulfill their responsibilities, the population commissions/units noted above require access to reliable population data, as do the planning units of most sectoral ministries. To help meet those needs, data collection and analysis activities were undertaken in all but 2 of the 41 reporting countries during the 1990-1992 period. Twenty countries conducted demographic and health surveys; 10 carried out general mortality studies; 22 undertook fertility and contraceptive use studies; 11 conducted migration studies; and 10 studied the interrelationship between population and the environment. Moreover, 24 undertook censuses, 17 improved civil registration, and 5 conducted specific maternal mortality studies. UNFPA provided partial or full support to these activities. UNFPA field offices indicated pressing needs for more data collection and analysis of these types in all 41 reporting countries.

8. Training in demography and in population and development. UNFPA field offices report that demography and/or population and development courses are currently being offered at the undergraduate level in 34 of 41 reporting countries (five countries do not have national universities); at the masters level in 16; and at the doctoral level in 3 (Cameroon, Ghana, Kenya). Such courses help prepare national staff to collect and analyse demographic data, incorporate demographic factors into development planning, formulate population policies, and create awareness of population issues. UNFPA continued to support regional training in demography at the Regional Institute for Population Studies (RIPS) in Ghana and the Institut de Formation et de Recherche Démographiques (IFORD) in Cameroon. The two institutes provided training at the masters level each year to approximately 50 students from sub-Saharan countries and granted several Ph.D.s during the 1990-1992 period. Following a review of their curricula, both institutes decided to place more emphasis on training in population and development. Moreover, the African Institute for Economic Development and Planning (IDEP) in Senegal provided intensive training in population and development each year for 25-30 planners from governmental ministries.

9. Policies regarding population growth. According to the responses from field offices, 33 countries now consider their population growth rates as too high (see table 2). This is up from 31 in 1990 and 25 in 1986. The reason most commonly given for this perception is that current population growth rates threaten economic and social development. Such change in attitudes towards population issues would appear to justify the investment in data collection and analysis and in training in demography and in population and development.

10. The perception that fertility is too high is shared by 32 countries, which see it as a cause of too rapid population growth and/or as detrimental to women's health.

11. Such perceptions have led 13 countries containing 54 per cent of the region's population to adopt formal population policies (Burkina Faso, Ghana, Guinea, Kenya, Madagascar, Mali, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, United Republic of Tanzania and Zambia). This is more than twice the number (6 countries) in 1987. Another 20 countries are in various stages in the process of preparing such policies. A total of 19 countries have set targets for fertility, 21 have targets for migration, and 23 for mortality.

12. Population and national development plans. Twenty-three of the 41 countries reporting have national development plans. Eighteen of these have incorporated population factors into these plans, although to varying degrees. Another 15 have structural adjustment plans. All but 8 of these 38 countries have incorporated population variables into one type of plan or the other. Awareness-creation activities have progressed steadily since the adoption of the strategy in 1987, and the stage has been set for the Governments to develop and implement population programmes.

Table 2: Attitudes toward population variables, existence of a population policy, and incorporation of population into development planning in 41 sub-Saharan African countries

	Government views pop. growth rate as too high	Government views fertility rate as too high	Has adopted formal population policy	Policy being prepared	Population in development and/or structural adjustment plans
ANGOLA		√		√	√
BENIN				√	√
BOTSWANA	√	√		√	√
BURKINA FASO	√	√	√		√
BURUNDI	√	√		√	√
CAMEROON	√	√		√	√
CAPE VERDE	√	√		√	√
CENTRAL AF. REP.	√	√		√	√
CHAD				√	√
COMOROS	√	√			√
CONGO	√			√	√
COTE D'IVOIRE	√	√		√	√
EQUATORIAL GUINEA					√
ETHIOPIA	√	√		√	
GABON					√
GAMBIA	√	√		√	√
GHANA	√	√	√		
GUINEA	√	√	√		√
KENYA	√	√	√		√
LESOTHO	√	√		√	√
MADAGASCAR	√	√	√		√
MALAWI	√	√		√	√
MALI	√	√	√		√
MAURITANIA				√	
MAURITIUS					
MOZAMBIQUE	√	√		√	
NAMIBIA	√	√		√	
NIGER	√	√	√		
NIGERIA	√	√	√		
RWANDA	√	√	√		√
SAO TOME & PRIN.	√	√			
SENEGAL	√	√	√		√
SEYCHELLES					
SIERRA LEONE	√	√	√		√
SWAZILAND	√	√			√
U.R. of TANZANIA	√	√	√		√
TOGO	√	√		√	
UGANDA	√	√		√	√
ZAIRE	√			√	√
ZAMBIA	√	√	√		√
ZIMBABWE	√	√			√
TOTAL	**33**	**32**	**13**	**20**	**30**

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B. Maternal and child health and family planning

13. UNFPA is currently supporting at least one, and in many cases several, MCH/FP projects in every sub-Saharan African country. The Fund is also providing assistance for regional training courses in family planning clinical skills at the Mauritius Institute of Health and at the Ministry of Health of Portugal for the five African lusophone countries. The latter course will soon be shifted to a location in Africa. Other organizations providing external assistance have also actively supported this sector in an effort to complement governmental and NGO inputs. The responses from the 41 UNFPA field offices indicate that investments in the development and management of MCH/FP services are beginning to bear fruit. Indeed, 29 of the 41 countries report significant progress during 1990-1992 in expanding their family planning service networks, and two-thirds indicate an increase in the use of such services.

14. UNFPA field offices indicate a wide range in the percentage of government health facilities that offer family planning services, from a low of 1 per cent in Cote d'Ivoire to a high of 100 per cent in Mauritius, Seychelles and Swaziland. Such estimates are somewhat misleading, however, since they do not indicate the extent to which the services offered are either visible or truly accessible. As regards the proportion of the population estimated to have reasonably convenient access to family planning services (generally defined as living within a set distance from a place where services are at least occasionally offered), in only 12 countries did at least half the population have even theoretical access to such services (see table 3). Thirteen countries did not yet even have an indicator such as theoretical access, which itself gives some idea of the extent to which many programmes still operate without the benefit of very basic information required for planning purposes. Moreover, in some countries, services were provided only sporadically, while in others they were not promoted as openly or enthusiastically as other health-related services.

15. The effect of increased accessibility to services, albeit still limited, in most countries is reflected by increases in contraceptive prevalence in 22 countries during 1990-1992. In spite of these increases, however, prevalence levels remain below 20 per cent in all but six countries -- Botswana, Kenya, Lesotho, Mauritius, Seychelles and Zimbabwe. As might be expected, relatively high contraceptive prevalence is associated with high levels of access to family planning services.

16. When asked what provided the greatest opportunity to increase accessibility and hence contraceptive prevalence, 38 field offices identified strengthening and/or expanding services within governmental health facilities; 28 cited expanding the use of NGO networks; 14 recommended making better use of community-based distribution systems; 14 said increasing the involvement of private physicians and pharmacists; and 13 recommended making use of subsidized social marketing schemes.

17. The most often cited obstacles to increasing the use of family planning were, in descending order, the lack of public information in support of family planning (25 countries), opposition of cultural or religious groups (22 countries), poor quality or inaccessibility of services (15 and 14 countries, respectively) and weak governmental support (13 countries).

Table 3: Progress in family planning in 41 sub-Saharan African countries

	% with theoretical access to services	Increase in FP service network 1990-1992	Increase in utilization of FP services 1990-1992	Contraceptive prevalence	Increase in prevalence 1990-1992
ANGOLA	-	√	√	-	√
BENIN	2.5	√	√	2.5-4	
BOTSWANA	86	√	√	29	√
BURKINA FASO	24	√	√	8.0	√
BURUNDI	60-80	√	√	2.5	√
CAMEROON		√	√	13.0	√
CAPE VERDE		√		15-19	
CENTRAL AF. REP.	2.5	√		2.5	
CHAD		√	√	-	√
COMOROS	90			3.0	
CONGO		√	√	2.0	√
COTE D'IVOIRE	10	√		3.0	√
EQUATORIAL GUINEA	5			-	
ETHIOPIA	30-40			4.0	
GABON					
GAMBIA	50	√	√	10.0	√
GHANA		√	√	13.0	√
GUINEA	20	√		2-3	
KENYA	44	√		27.0	
LESOTHO	80	√	√	22.0	√
MADAGASCAR	1.5	√	√	3.0	√
MALAWI	20	√	√	3-7	
MALI		√	√	5.0	√
MAURITANIA	30	√	√	2.0	√
MAURITIUS	100			75.0	
MOZAMBIQUE	25			2.0	
NAMIBIA	50-70		√	18.0	
NIGER	28	√	√	4.0	√
NIGERIA	34			3.5	
RWANDA	90	√	√	12.0	√
SAO TOME & PRIN.	30			8.0	√
SENEGAL		√	√	5.0	√
SEYCHELLES	90		√	52.0	
SIERRA LEONE	40	√	√	5.0	
SWAZILAND	65-88	√		17.0	√
U. R. of TANZANIA			√	7-10	
TOGO		√	√	3.0	
UGANDA		√	√	7.0	√
ZAIRE		√	√	8.0	√
ZAMBIA	74	√	√	15.0	√
ZIMBABWE	80		√	43.0	
TOTAL		**29**	**27**		**22**

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C. Population information, education and communication

18. In order to increase awareness of population issues, build political and public support for population programmes, and create favourable attitudes towards and acceptance of family planning, UNFPA continued to provide support for activities to incorporate population and family life education in formal school curricula in 30 countries and to reach a wide variety of audiences (leadership groups, women of reproductive age, males, out-of-school youth, etc.) through mass media, non-formal education programmes, outreach workers, etc., in 35 countries. In support of these activities, in 1992 UNFPA launched a regional training programme for anglophone Africa in IEC management and strategy development as well as in audience research and message design. Thirty students attended the first two pilot courses.

19. Formal education. Incorporating population and family life education into regular curricula typically requires sensitizing educational authorities and parents, developing lesson plans and educational materials, testing pilot activities, printing course materials, and training teachers. Most countries are still in the early stages of this process. Only Botswana, Seychelles and Zimbabwe have introduced population or family life education in 50 per cent or more of their primary schools; and only Botswana, Burkina Faso, Central African Republic, Gambia, Mauritius, Senegal, Sierra Leone and Zimbabwe have achieved similar levels of integration at the secondary level. The remaining countries are either still at the pilot stage, introducing population and family life education in a small number of schools, or have not yet initiated the process at either the primary or secondary level (Angola, Cape Verde, Namibia and Rwanda).

20. Although progress has been slow, during 1990-1992 the number of schools teaching family life and/or population education increased in 17 countries (see table 4) while decreasing in only one (Zambia).

21. Field offices identified the following priorities in this area: teacher training and textbook production (each declared a priority by 35 countries), curriculum development and sensitization of the public (32 countries each), sensitization of educators themselves (30) and establishment of a special population education unit within the Ministry of Education (22).

22. Non-formal information, education and communication. Twenty-six countries report using radio frequently to transmit population and/or family life messages; the remaining 15 report using radio at least occasionally (see table 4). Television is employed frequently in 9 countries and occasionally in another 26. Newspapers and magazines carry population-related material frequently in 16 countries and occasionally in 24. Outreach workers (e.g., health, agricultural, labour, and/or social welfare) regularly transmit population/family life education messages in 21 countries and occasionally or irregularly in another 17, although often only a minority of these workers participate in such activities since most have yet to be trained to do so. Indigenous media have been used frequently in 3 countries and occasionally in 33 countries. Nine countries routinely make use of adult education and/or literacy programmes to transmit population education/family life messages, while 24 occasionally do so.

23. In an effort to generate support for population programmes, 13 countries organized specific IEC activities aimed at parliamentarians and at government ministers, while 30 countries aimed such activities at religious and other community leaders.

24. Field offices in seven countries report no important changes/improvements in IEC during 1990-1992, although it should be noted that two of these, Mauritius and Zimbabwe, are quite advanced in this regard. Of the remaining 34 countries, 24 report having developed new messages, 25 having reached broader audiences and 19 having reached new target groups, and 17 having involved new media in population IEC efforts.

Table 4: Advances in IEC in 41 sub-Saharan African countries

	Population and/or family life taught in some primary schools	Population and/or family life taught in some secondary schools	Increase in schools teaching population and/or family life 1990-1992	Improvement/expansion of non-formal IEC 1990-1992	IEC for leadership groups	Frequent use of radio	Frequent use of extension workers
ANGOLA				√	√	√	
BENIN		√	√	√	√		
BOTSWANA	√	√	√	√	√	√	√
BURKINA FASO	√	√	√	√	√		√
BURUNDI	√	√	√	√	√	√	√
CAMEROON		√	√	√	√	√	√
CAPE VERDE				√	√	√	
CENTRAL AF. REP.		√				√	√
CHAD				√			
COMOROS				√	√	√	√
CONGO				√	√	√	√
COTE D'IVOIRE							
EQUATORIAL GUINEA	√	√			√		
ETHIOPIA		√	√	√	√	√	√
GABON		√		√	√		
GAMBIA		√		√	√	√	√
GHANA		√	√	√	√	√	√
GUINEA	√		√	√	√	√	√
KENYA	√	√		√	√	√	√
LESOTHO	√	√		√	√	√	√
MADAGASCAR	√	√			√	√	
MALAWI				√	√		
MALI	√		√	√	√	√	√
MAURITANIA	√	√		√	√		
MAURITIUS		√			√	√	
MOZAMBIQUE				√	√		√
NAMIBIA				√			
NIGER	√	√		√	√	√	√
NIGERIA		√	√	√	√	√	
RWANDA				√	√	√	√
SAO TOME & PRIN.		√	√	√			
SENEGAL		√	√	√	√		
SEYCHELLES	√					√	
SIERRA LEONE		√	√	√	√		
SWAZILAND		√	√	√	√	√	√
U. R. of TANZANIA	√	√	√	√	√	√	√
TOGO	√	√	√	√	√		
UGANDA				√	√	√	√
ZAIRE		√	√	√	√	√	
ZAMBIA		√		√	√		
ZIMBABWE	√	√			√	√	√
TOTAL	15	27	17	34	35	26	21

/...

25. Data on key indicators of the effectiveness of the IEC efforts in enhancing knowledge of and changing attitudes towards family planning are scarce throughout the region. This seriously limits the ability of countries to plan IEC interventions adequately. For example, 21 field offices report that they did not have recent, credible information on the percentage of women age 15-45 who either knew of at least one contraceptive method, opposed family planning, or expressed doubts about contraceptive safety. Where such data exist, awareness of at least one method among those living in urban areas ranges from 15 per cent in Guinea to 40-88 per cent in eight countries to 90 per cent or more in Botswana, Ethiopia, Kenya, Lesotho, Mauritius, Niger, Seychelles, Togo, Uganda, Zambia and Zimbabwe. Levels of such awareness tend to be somewhat lower in rural areas. Botswana, Ghana, Kenya, Lesotho, Malawi, Mauritius, Niger, Rwanda, Seychelles, Swaziland, Togo, Uganda, Zambia and Zimbabwe lead in this area with 60 per cent or more of their rural inhabitants professing knowledge of at least one method. Although data are again available from only 10 countries, it would appear that outright opposition to and/or serious reservations about family planning are confined to only a small minority except in Cameroon, Ethiopia, Madagascar, Swaziland and Zambia, where it is more widespread.

26. In order to increase awareness of population issues, augment the acceptance of family planning and address key concerns of major target groups, the UNFPA field offices stressed the need, inter alia, to develop national IEC strategies (38 countries), set up IEC coordinating/planning bodies to implement the strategies (33), conduct research to obtain data to develop strategies and design appropriate messages (27), train personnel (37) and improve the content of IEC messages through better pre-testing (33). The field offices also recommended expanding the population coverage of all media, but attributed special promise to radio (38 countries), youth organizations (38), extension and outreach workers (36), indigenous media (31) and adult education and literacy programmes (29).

D. Women, population and development

27. When asked to identify the leading barriers to women's participation in population and development activities, UNFPA's 41 responding field offices pointed to high fertility (37 countries), cultural factors (36), poor educational opportunities (36), discriminatory inheritance/ownership laws (29) and discriminatory labour laws (10).

28. To help remedy these conditions, the field offices recommended assigning priority to: promoting family planning (38 countries), promoting more formal education, or at least literacy training, for women (37), strengthening women's organizations (30), and conducting research on the status of women (30).

29. In 1990-1992, UNFPA supported 40 special women, population and development projects in 28 countries. It should be noted in this regard that UNFPA activities are required to address women's concerns and to involve women as both participants and beneficiaries. This is true not only of MCH/FP and IEC activities, but also of data collection and analysis activities, the results of which are useful in designing, or in building political support for, programmes to benefit women. During 1990-1992, UNFPA provided assistance for data collection on women's status in 23 countries, while 15 countries report that such data gathering now occurs on a somewhat routine basis (see table 5). Furthermore, UNFPA supported national women's organizations in 29 of 31 countries in which such organizations were active in population activities and provided support to help strengthen government women's bureaus in 28 countries.

Table 5: Advances in women, population and development in 41 sub-Saharan African countries

	Involvement of women's organizations in population activities	Existence of government women's bureau	Routine collection of data on women's status	Favourable constitutional changes 1990-1992	Government policies & development planning take women's concerns into account
ANGOLA	√	√		√	√
BENIN	√		√		
BOTSWANA	√	√	√	√	√
BURKINA FASO	√	√			√
BURUNDI	√	√	√	√	
CAMEROON	√	√			√
CAPE VERDE	√	√	√		√
CENTRAL AF. REP.	√	√			√
CHAD					
COMOROS	√	√		√	√
CONGO		√			√
COTE D'IVOIRE	√	√	√		√
EQUATORIAL GUINEA		√			√
ETHIOPIA		√			
GABON	√	√			√
GAMBIA	√	√	√		√
GHANA	√	√	√	√	√
GUINEA		√		√	√
KENYA	√	√	√		√
LESOTHO	√	√	√	√	√
MADAGASCAR	√	√			√
MALAWI	√	√			√
MALI	√			√	√
MAURITANIA	√	√			√
MAURITIUS		√	√		√
MOZAMBIQUE	√			√	
NAMIBIA	√	√		√	√
NIGER	√	√			√
NIGERIA	√	√			√
RWANDA		√			√
SAO TOME & PRIN.		√			√
SENEGAL[1]					
SEYCHELLES			√		√
SIERRA LEONE	√	√	√	√	√
SWAZILAND	√				
TANZANIA	√	√			√
TOGO	√	√	√		
UGANDA	√	√	√		√
ZAIRE	√	√			√
ZAMBIA	√	√		√	√
ZIMBABWE	√	√	√		√
TOTAL	31	34	15	12	33

[1] Senegal did not provide data for this section.

30. The impact of assistance of the types mentioned above is, of course, difficult to document, especially since external support constitutes only a fraction of the resources directed towards activities to improve women's status. Among the few indicators available, it is interesting to observe that during 1990-1992 constitutional changes favourable to women occurred in 12 countries, while women's concerns were taken into account in government policies and development plans in 33 countries, albeit not to a significant degree in most cases (see table 5).

III. POPULATION PROGRAMME OPERATIONS

31. The 1990-1992 period has been a particularly frustrating one for UNFPA activities in sub-Saharan Africa. Although past investments in human resource development were beginning to pay off in enhanced national capacity (in at least 21 countries) to design and conduct programmes, limitations on UNFPA funding constrained programme implementation in all but 10 of the 41 countries reporting. Government austerity measures impeded operations in 20 countries, and low pay for staff resulted in low productivity and/or loss of key trained personnel in 34 countries.

32. In response to these obstacles, UNFPA is exploring alternatives in 21 countries (such as charging for some services, for example) to make population activities operational under current economic conditions. The Fund is also, along with others, absorbing more local costs in 26 countries, and encouraging private-sector initiatives in 31 countries.

33. UNFPA field offices, all but three of which have computerized their financial and administrative operations, tend to rate UNFPA project formulation and monitoring as good. Such ratings, however, are not always supported by independent evaluators. Field offices also judged UNFPA financial management, including prompt release of funds and appropriate monitoring of their use, to be good, except in six reporting countries, where it was rated as fair. Government implementing agencies fared less well, as field offices rated the financial management of 21 such agencies as either fair or poor. Among the United Nations agencies that execute UNFPA-supported country projects, UNFPA field offices gave the United Nations Department of Economic and Social Development (DESD) and ILO the most favourable ratings for financial management, and UNESCO and WHO the least favourable. FAO occupied a middle position. With regard to technical assistance, the Economic Commission for Africa (ECA) joined DESD and ILO as those agencies providing good quality backstopping, while UNESCO, WHO and FAO received a rating similar to the one they received for financial management.

34. Finally, the amount and quality of coordination among donors, on the one hand, and between donors and recipient governments, on the other, was considered as good in 16 reporting countries, fair in 18, and poor in 5, indicating the need for UNFPA to take a more active role in bringing donors together and in encouraging governmental planning and coordination units to assume their proper role.

IV. OVERALL IMPACT

35. Table 6 presents 1991 population estimates for the 43 sub-Saharan Africa countries covered by UNFPA, as well as United Nations estimates of total fertility rates for 1980-1985 and 1985-1990 for 41 countries.

36. Among these 41, Botswana, Cape Verde, Kenya, Lesotho, Swaziland and Zimbabwe have made a solid beginning in the demographic transition, while Mauritius has reached replacement-level fertility. Smaller

decreases in fertility are also to be noted in Cameroon, Ghana, Senegal and Zambia. Nevertheless, these 11 countries are more than counterbalanced by Angola, Central African Republic, Equatorial Guinea, Ethiopia, Gabon and Uganda, where total fertility is estimated to have increased, and by 24 others, where fertility seems to have remained more or less unchanged.

37. Nevertheless, the evidence would suggest that past investment in population programmes has indeed set the stage for declines in fertility and population growth. This can be seen first and foremost in the success of efforts in the 11 countries noted above. Second, recent evidence, not reflected in the table, shows a fertility decline in Nigeria[1], which accounts for 20 per cent of the sub-Saharan population. Third, there has been an upswing in contraceptive use in most countries in the region, and demonstrated increases in contraceptive prevalence rates, at least in local areas, in such countries as Angola, Burkina Faso, Niger, United Republic of Tanzania and Zaire. The question for the future will be whether, in the face of competing needs, Governments and donors will retain the commitment required to extend and improve population programmes and thus translate these first signs of potential demographic change into real and significant change.

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[1] See J.C. Caldwell, "A New Type of Fertility Transition in Africa", Population and Development Review, volume 18, number 2, New York, The Population Council, 1992.

Table 6: Population growth in 43 sub-Saharan African countries

	Population (in 100,000s)[1]	Total Fertility 1980-1985[2]	Total Fertility 1985-1990[2]	Difference in total fertility
ANGOLA	10.3	7.0	7.2	+0.2
BENIN	4.9	7.1	7.1	0
BOTSWANA	1.3	6.5	5.5	-1.0
BURKINA FASO	9.2	6.5	6.5	0
BURUNDI	5.6	6.8	6.8	0
CAMEROON	12.2	6.3	6.1	-0.2
CAPE VERDE	0.4	6.3	4.8	-1.5
CENTRAL AF. REP.	3.1	6.1	6.2	+0.1
CHAD	5.8	5.9	5.9	0
COMOROS	0.6	7.0	7.0	0
CONGO	2.3	6.3	6.3	0
COTE D'IVOIRE	12.5	7.4	7.4	0
EQUATORIAL GUINEA	0.4	5.8	5.9	+0.1
ETHIOPIA	53.4	6.5	7.0	+0.5
GABON	1.2	4.5	5.0	+0.5
GAMBIA	0.9	6.5	6.5	0
GHANA	15.5	6.5	6.4	-0.1
GUINEA	5.9	7.0	7.0	0
GUINEA-BISSAU	1.0	5.8	5.8	0
KENYA[3]	22.7	7.5	6.8	-0.7
LESOTHO	1.8	5.5	5.0	-0.5
LIBERIA	2.5	6.8	6.8	0
MADAGASCAR	11.5	6.6	6.6	0
MALAWI	8.6	7.6	7.6	0
MALI	9.5	7.1	7.1	0
MAURITANIA	2.0	6.5	6.5	0
MAURITIUS	1.1	2.4	2.1	-0.3
MOZAMBIQUE	16.1	6.5	6.5	0
NAMIBIA	1.8	6.0	6.0	0
NIGER	8.0	7.1	7.1	0
NIGERIA[3]	88.5	6.9	6.9	0
RWANDA	7.5	8.5	8.5	0
SAO TOME & PRIN.	0.1			
SENEGAL	7.5	6.7	6.5	-0.2
SEYCHELLES	0.07			
SIERRA LEONE	4.3	6.5	6.5	0
SWAZILAND	0.8	6.3	5.2	-1.1
U. R. of TANZANIA	28.4	6.8	6.8	0
TOGO	3.6	6.6	6.6	0
UGANDA[3]	16.6	7.0	7.3	+0.3
ZAIRE	36.7	6.7	6.7	0
ZAMBIA	8.8	7.0	6.7	-0.3
ZIMBABWE	10.0	6.2	5.8	-0.4
TOTAL	445			

[1] From Population and Vital Statistics Report, United Nations Statistical Papers, Series A, vol. XLIV, No.4. Estimates are for mid-1991.

[2] These data are from the Population Division, Department of Economic and Social Development of the United Nations, World Population Prospects: The 1992 Revision. The figures refer to number of children per woman.

[3] Population figures for Kenya, Nigeria, Uganda are extrapolated from most recent census data.

STATUS REPORT ON THE IMPLEMENTATION STRATEGY TO STRENGTHEN THE CAPACITY OF THE FUND TO DEAL WITH ISSUES CONCERNING WOMEN, POPULATION AND DEVELOPMENT

38. The Governing Council in decision 91/35A, taken at its thirty-eighth session in June 1991, approved the extension of the strategy to strengthen the capacity of the Fund to deal with issues concerning women, population and development for another four years (1991-1994). The six principal activities that comprise the strategy are: revision of UNFPA project and programme procedures and guidelines; training of staff at all levels; closer coordination with other United Nations agencies; identification of experts to provide technical support; strengthening of the role of non-governmental organizations (NGOs); and enhancement of the information support system. The Governing Council also approved the priority areas outlined in the status report that UNFPA submitted to the Council at that same session (document DP/1991/32). These are: (a) to design comprehensive training programmes in women, population and development (WPD) aimed at strengthening the Fund's ability to put WPD programmes on a firmer operational footing; (b) to develop a comprehensive reporting mechanism to ensure more effective monitoring of the implementation of the strategy; (c) to improve the technical dimension of assistance to programming of WPD activities; and (d) to strengthen links with local NGOs. The Council encouraged the Fund to implement policy guidelines for the promotion of women in all population activities it assists and requested the Executive Director to report to the Governing Council at its fortieth session (1993) on the status of the implementation of the strategy.

39. During the reporting period, 1991 and 1992, UNFPA pursued the strategy vigorously in all aspects, giving special emphasis to the four priority areas endorsed by the Governing Council.

I. PRINCIPAL ACTIVITIES OF THE STRATEGY

A. Programming procedures and guidelines

40. During the period under review, the Fund reviewed and updated its sectoral policy guidelines and checklists as well as its guidelines for project formulation and appraisal to make them more gender-sensitive. As a result, women's concerns are now well reflected in the guidelines for MCH/FP and IEC. UNFPA also undertook a thorough review of the guidelines for the Fund's PRSD exercise. The gender issue has been "mainstreamed" throughout the guidelines and a special section has also been included on women, population and development. These guidelines are now being implemented and have contributed greatly to the integration of gender concerns in the many country programmes approved in the past two years.

B. Training

41. In January 1992, UNFPA organized two two-day training workshops focusing on women, population and development for Professional headquarters staff. A total of 32 staff participated in the training, which was conducted by the Royal Tropical Institute (KIT) of the Netherlands, with the full participation and support of staff from the Fund's WPD Branch. Participants' evaluations indicate that they were highly satisfied with the training provided, especially with the participatory approach and the use of materials that had been closely tailored to the mandate, policies and procedures of the Fund. Although it was generally felt that UNFPA staff had, on the whole, been well sensitized to gender issues and that such issues had been well integrated into UNFPA policies and procedures as a result of past efforts carried out under the strategy, the training enabled staff to sharpen their skills in incorporating gender into each of the Fund's programme areas. One of the main factors contributing to the success of the training workshops was the cooperative spirit of all

units in the Fund, whose inputs were invaluable in the design of the materials and other aspects of the workshops.

42. The incorporation of training in women, population and development in regular training programmes contributes greatly to the objective of mainstreaming women's concerns throughout all activities UNFPA supports. The Fund, therefore, included women, population and development in the orientation for field staff and for leaders of UNFPA country support teams (CSTs). UNFPA is developing plans for future training in consultation with UNFPA Country Directors, since it is envisaged that in future most training will be conducted in-country. Participants will include UNFPA staff, both international and national; government counterparts; staff of NGOs; and members of CSTs. The Fund will involve regional and local institutions at every stage of the training, to the extent possible, since an important objective will be capacity building. UNFPA continued to develop training materials such as the manual on project cycles, which seeks to ensure that women's concerns are reflected in all project documentation.

43. Development of a comprehensive reporting instrument. In mid-1991, UNFPA designed a "Gender Reporting Form". The purpose of the form is to try to ensure that women are involved in project development and implementation right from the start, from the first stage of the project cycle. The form consists of a questionnaire with several key questions regarding the involvement of women as project participants and beneficiaries, as well as questions relating to the gender dimensions of data inputs, monitoring and evaluation. It is now a requirement that this form accompany all project submissions including those approved in the field.

44. In 1992, UNFPA reviewed and analyzed the responses to some 75 of these forms that had been submitted during January-June 1992. The review indicated that the forms provided important information on the gender dimension in UNFPA projects, but needed to be further standardized. Therefore, the next step will be to develop, in house, a database that can be used to record information from the Gender Reporting Forms.

C. Improving technical dimensions of WPD programmes

45. Publications and reports. As part of its efforts to disseminate information and to improve the technical dimensions of programming in the area of women, population and development, UNFPA issued publications and reports on a variety of subjects. Such publications included: Women and Micro-enterprise Development; Women, Population and the Environment; Report of the Third Advisory Panel on Women, Population and Development; South Asian Women; and the practical training guide, Incorporating Women into Population and Development: Knowing Why and Knowing How, which has been issued in four languages. UNFPA also disseminated a compilation of 17 well-designed projects that illustrate various approaches to addressing women's concerns. This compilation, entitled "Model Projects", added synopses of 10 such projects during 1992.

D. Consultant roster

46. UNFPA maintains a computerized roster for consultants in the area of women, population and development. In order to meet the substantial demand from all regions for qualified experts in this specialized area, the Fund routinely screens curricula vitae received, selects qualified consultants and, where possible, interviews potential candidates.

E. Non-governmental organizations

47. In keeping with the emphasis on strengthening links with NGOs, UNFPA supported a variety of activities during the reporting period. Thus, the Fund conducted a workshop on women, population and environment during the United Nations Conference on Environment and Development (UNCED). The training provided enabled 11 women from NGOs in developing countries to participate more fully in the activities of the conference. UNFPA has made contacts at regional and country levels with non-governmental women's organizations to improve dialogue with them and to support activities in the area of women, population and development. As a result, the Fund agreed to provide support for a conference on women and health to be held in Mexico in March 1993. UNFPA is also providing support to women's organizations at the country-level. For example, in India, the Working Women's Forum is implementing, with UNFPA assistance, a family welfare project for working women in urban slums of Madras and rural areas of Tamil Nadu. In the Philippines, women's organizations are implementing a UNFPA-supported project that is designed to help them strengthen their capabilities to promote reproductive health care with a women's perspective.

F. Review of guidelines

48. UNFPA is currently reviewing its policy guidelines on women, population and development, which had been previously updated in 1988. An important aspect of this review has been the close involvement of field offices, 80 per cent of which responded to a questionnaire prepared by UNFPA headquarters. About 66 per cent of the respondents indicated that the guidelines were adequate, albeit with some reservations; 24 per cent thought that they were too broad, while only 3 per cent felt they were too narrow. The respondents identified two areas in the guidelines that required additional information: collaboration with other agencies, which is related to the issue of linkages between population concerns and special programmes; and clarification and some expansion concerning economic activities. At present, UNFPA is reviewing the comments of its Geographical Divisions on the field responses to the questionnaire.

II. PROGRAMMING AND PROJECT WORK

A. Activities

49. Good progress was made during 1991 and 1992 in the implementation of a number of intercountry projects. As a result some major projects were completed on schedule.

50. In the area of women's health, the WHO-executed project, "Participation and leadership of women in maternal and child health/family planning programmes", was concluded in 1992. The project's broad objective was to provide women's organizations with a better understanding of the interrelationships between women's health and the practice of family planning, and between women's health and their social and economic status. It also sought to increase the effectiveness of women's organizations in MCH/FP programmes. Project activities helped to strengthen multi-sectoral teams in more than 40 countries of all regions. Follow-up activities are being undertaken in 10 selected countries with emphasis being placed on issues most relevant to the needs of the countries, such as the Safe Motherhood Initiative and adolescent reproductive health.

51. Another successful project was one executed by the Italian Association for Women in Development (AIDoS) to produce multi-media training materials for use in a regional programme against female circumcision in Africa. Under the project, the ILO Training Centre in Turin helped train trainers to design and develop multi-media training materials for use in information campaigns in Ethiopia, Nigeria, Gambia

and Sudan. Upon their return to their countries, participants were able to form teams to conduct campaigns to raise awareness of the harmful effects of female circumcision.

52. In the area of WPD training, two projects were completed in 1991 -- one implemented by the University of Sarajevo and the other by the Royal Tropical Institute. Participants included UNFPA field staff, both national and international, and government and NGO staff involved in WPD programmes in their countries.

53. UNFPA continued to monitor ongoing projects dealing with various aspects of women, population and development, including those in the area of women's economic activities. For example, the Fund organized a monitoring mission to China to review the project, "Improving the status of rural women through income-generating activities and MCH/FP". The mission included staff from the Fund's WPD Branch, the FAO Technical Adviser assigned to the project and representatives of interested bilateral donors. There are two principal aspects of this project: to upgrade rural township enterprises at the county level, and to form women's groups. The monitoring mission found that, overall, project management and implementation were excellent. It made recommendations for improving the procedures for the revolving-fund component of the project, as well as for strengthening other aspects, such as women's literacy skills and linkages with family planning.

54. An ongoing activity that is proceeding well is a research project to study the effects of environmental degradation on women's work and health, which is being implemented by the United Nations Research Institute for Social Development (UNRISD). UNFPA participated in a review of this project in May 1992. Preliminary findings of researchers from Kenya, Mexico and Malaysia underscored the impact that environmental changes have on women's health and time use. The research, which is being conducted by local institutions, also indicates that there is a dearth of knowledge at the micro-level about the interactions between women and the environment. This project's findings, therefore, should make a significant contribution to filling this void. A similar study is now also being undertaken in Morocco.

55. An important ongoing regional project is one to establish the Arab Women's Centre for Training and Research, which is being supported by four donors: UNFPA, the Arab Gulf Programme for the United Nations Development Organizations (AGFUND), UNDP and the International Planned Parenthood Federation (IPPF). UNFPA has participated actively in all meetings of the Centre's Technical Committee, as well as its Higher Steering Committee. In addition, UNFPA has been chosen as the executing agency for the project.

56. UNFPA provided assistance to enable participants from developing countries to attend various meetings and conferences, such as the conference on "Changing Families in Changing Societies", organized by the International Council on Women; and the Symposium on Women, Science and Development organized by the International Federation of Institutes for Advanced Study (IFIAS). At the regional level, UNFPA is supporting a project, executed by the UNNITI Foundation, in selected South Asian countries through which research is being undertaken to assess the effectiveness of NGOs in the area of women, population and development.

57. A new project being executed by The Population Council -- "The Family and Population Policy: Towards a Realization of Reproductive Choice" -- builds upon two previous projects under which activities were undertaken on the subject of family structure, female headship and poverty. The research, policy-assessment and awareness-creation activities of this project will allow Governments to plan and implement policies that not only benefit women but also are effective in achieving broad-based population goals, especially reproductive choice.

58. During the year, UNFPA evaluated selected projects in the area of women, population and development, in particular those dealing with income-generating activities for women in development. The Fund's WPD Branch helped select the countries and key issues to be evaluated; prepare concept papers on income-generating activities and on evaluation design for women's economic activities, and brief mission members. The countries selected were Egypt, Ghana, India, Paraguay and the Philippines. The results of the evaluation, which will be available in early 1993, will be useful in determining future directions in the area of income-generating activities for women as well as in providing inputs into the review of guidelines mentioned above. The evaluation focused on such special issues as the viability of the enterprises supported, the effectiveness of the mechanisms used to provide credit funds, the linkages between women's economic activities and use of MCH/FP services, the effectiveness of various executing agencies, and collaboration with other donors.

B. Inter-agency collaboration

59. The Fund collaborated closely with United Nations agencies and organizations during the reporting period. For example, it participated in inter-agency meetings organized by the Division for the Advancement of Women of the United Nations Office in Vienna (UNOV) on women and the International Year of the Family (IYF); in meetings on preparations for the 1995 Fourth World Conference on Women, held in Vienna prior to the thirty-sixth and thirty-seventh sessions of the Commission on the Status of Women; and in seminars organized by the Division for the Advancement of Women on women and poverty and on women in development. UNFPA is collaborating with UNICEF, UNDP and the United Nations Development Fund for Women (UNIFEM) in supporting the project, "Families: A View from Within", as part of collaboration for the IYF.

60. As in 1990, UNFPA continued to serve as chair of the subgroup on women in development (WID) of the Joint Consultative Group on Policy (JCGP) until February 1992, at which time the responsibility was assumed by the World Food Programme. UNFPA continues to have budgetary responsibility for the jointly funded WID subgroup. During 1991, activities were carried out in accordance with the work plan approved by the JCGP for the subgroup. A significant achievement of the subgroup was the WID Training Workshop held in October 1991 for high-level staff of JCGP organizations in francophone Africa and their government counterparts. The WID subgroup also distributed an issues paper on "Women and Structural Adjustment: Operational Implications for Member Organizations of the Joint Consultative Group on Policy".

61. In the area of environment, UNFPA and UNICEF co-funded the UNCED-organized symposium, "Women and Children First", which examined the impact of poverty and environmental degradation on women and children and assessed the real and potential contribution of women and children to sustainable development. UNFPA participated in inter-agency meetings of the Working Group on the Global Assembly for Women and Environment and attended meetings of the Senior Women's Advisory Group on Women and Environment, as well as meetings of the Ad-hoc Working Group on Women, Environment and Development. As in previous years, UNFPA collaborated with the United Nations Department of Information in information activities on women, for example, on International Women's Day. The UNFPA Executive Director represented the United Nations system on International Women's Day in 1991, the topic of which was "Making Women Count". For International Women's Day the following year, she served on a panel made up of senior officials from the United Nations agencies and organizations to discuss the status of women within the United Nations system. She represented the Secretary-General on the commissioning of the Centre for Women's Development in Abuja, Nigeria, in 1992.

62. During the reporting period, considerable progress was made in the area of women's health as a result of collaboration among partner agencies and organizations of the United Nations system, especially in such

areas as the Safe Motherhood Initiative. UNFPA also participated in the Technical Discussions on Women, Health and Development at the WHO World Health Assembly held in May 1992 in Geneva.

63. In June 1991, the United Nations published The World's Women 1970-1990: Trends and Statistics. This publication, the result of collaboration between the United Nations Statistical Office, UNFPA, UNICEF and UNIFEM, is the most comprehensive and authoritative analysis of global indicators of the status of women available in the world. UNFPA continues to collaborate with the other organizations in the important area of statistics on women, for example, through support to update The World's Women, which is planned to be published in time for the 1995 World Conference on Women. The Fund also continues to participate in the FAO Inter-agency consultation on Statistics and Databases on Gender in Agriculture and Rural Development.

64. UNFPA provided its input into various reports on women and development prepared by the United Nations system. For example, it provided information on women, population and development to the Office of Director-General for Development and International Economic Cooperation for its 1991 report, which included a chapter on women in development, both as a mainstream activity and as a specific activity of the United Nations system. It also gave its input to the Division for the Advancement of Women for inclusion in the 1990-1991 biennial report of the Secretary-General on Monitoring the Implementation of the Nairobi Forward-Looking Strategies for the Advancement of Women. In 1992, UNFPA cooperated with the Joint Inspection Unit (JIU) by providing its input for the report of the Inspector on the assessment of the impact of contributions made by the United Nations system to the advancement of women since 1975. The Fund provided an article for a special series on "The United Nations and Women", which was published in the newsletter of the United Nations Institute for Training and Research for the Advancement of Women (INSTRAW).

STATUS REPORT ON UNFPA IMPLEMENTATION OF GENERAL ASSEMBLY RESOLUTION 47/199

65. Following the Secretary-General's comprehensive triennial policy review on the status of operational activities of the United Nations system (document A/47/419 and Add.1-3), the General Assembly adopted several major policy measures and, in December 1992, established a process for review of their implementation by the General Assembly, the Economic and Social Council, and other relevant governing bodies. Of major implication to UNFPA operations is the landmark General Assembly resolution 47/199, which sets forth principles and directives to enhance operational activities at the field level. Resolution 47/199 stresses that national plans and priorities constitute the only viable frame of reference for the national programming of operational activities of the United Nations system. It also stresses the universal, voluntary and grant nature of these activities and emphasizes that such activities are to be carried out for the benefit of the developing countries, at their request and in accordance with their own policies and priorities for development.

66. UNFPA fully supports the tenets of resolution 47/199 and has initiated several steps to implement elements of the resolution applicable to UNFPA, most notably through its involvement in the Joint Consultative Group on Policy (JCGP) and the Administrative Committee on Co-ordination (through the Consultative Committee on Substantive Questions (CCSQ) and the Consultative Committee on Administrative Questions (CCAQ)).

67. The following are the main areas of UNFPA's active involvement and action:

Country strategy note (paras. 9, 39(c), 39(g))

68. Resolution 47/199 stresses that a country strategy note should be formulated by interested recipient Governments with the assistance of and in cooperation with the United Nations system under the leadership of the resident coordinator. One of the goals of the country strategy note is to ensure the effective integration of assistance provided by the United Nations system into the development process of countries.

69. Drawing upon its extensive programming experience, most notably that recently gained through the Fund's Programme Review and Strategy Development (PRSD) exercises, UNFPA is in a strong position to contribute to the formulation of the country strategy note. The PRSD exercise employs a multi-sectoral rather than sectoral approach and aims specifically at developing a comprehensive strategic framework for population activities at the country level over the next 5 to 10 years, within the context of the Government's overall development priorities and objectives. The PRSD exercise has led UNFPA, quite naturally, to cooperate closely with Governments and with other organizations of the United Nations system. More recently, UNICEF has agreed to participate in UNFPA's PRSD exercise, and UNFPA has agreed to participate in UNICEF's Situation Analysis.

70. In addition, UNFPA will continue to support the system-wide effort to ensure a systematic, integrated and coordinated United Nations contribution to the country strategy note by participating in the relevant inter-agency fora to guide this process. The Fund has participated in the CCSQ working group that drafted initial guidelines for the country strategy note. UNFPA, as a member of the JCGP, assisted in the drafting of a letter from the Under-Secretary-General for Policy Coordination and Sustainable Development to resident coordinators requesting them to assist interested Governments in formulating country strategy notes. Furthermore, the Fund prepared a letter for its UNFPA Representatives/Country Directors requesting them to support the resident coordinator in this endeavour. In 1993, UNFPA will continue to organize special briefings for all its field and headquarters staff to provide support and guidance in maximizing the impact and effectiveness of UNFPA's inputs into the formulation process. Such information will also be included in future staff training. The Fund will also continue efforts to include population issues as they relate to this topic in the curriculum of the management coordination workshops conducted at the ILO Training Centre in Turin, whose overall aim is to strengthen the concept and role of the United Nations development team at the country level and to make the resident coordinator system more effective in supporting national development efforts.

Harmonization of programming cycles (para. 10)

71. Resolution 47/199 reaffirms the call to the funding organizations of the United Nations system, within the context of the JCGP, to harmonize their programming cycles and, where appropriate, to adapt them to national budget cycles, plans and strategies. The harmonization of cycles will enhance the synergistic effect of programming, both of the United Nations organizations and of Governments, which, in turn, will lead to the more effective use of resources and contribute to more dynamic development cooperation and better service delivery.

72. UNFPA, together with the Heads of its partner organizations of the JCGP, agreed in January 1993 to continue to explore ways of further harmonizing the programme cycles of their organizations and of adapting these cycles to national development plans. Ongoing reviews are being conducted by coordinators designated from each region to study, on a country-by-country basis, the progress made and the steps required to increase the number of countries with harmonized cycles. UNFPA has issued instructions for bridging

arrangements for 1-2 years to bring its programming cycles in line with national planning cycles with the understanding that others, particularly UNICEF and UNDP, will do the same.

Programme approach (paras. 12-14, 31)

73. Resolution 47/199 requests the Secretary-General to promote an early agreement on a common interpretation of the programme approach for the United Nations system and to report on it to ECOSOC at its substantive session in 1993.

74. UNFPA strongly supports the development of a common programme approach. With its past performance, reflected in over 80 PRSD exercises since 1989, the Fund is well poised to assist in the development of such an approach. It is actively participating in the JCGP efforts to review the issues and work together on a common interpretation of the programme approach. At the inter-organizational level, as noted above, UNICEF and UNFPA will participate in each other's major programming exercise -- the Fund's PRSD exercise and UNICEF's Situation Analysis.

75. UNFPA also participated in the working group of the CCSQ that has developed system-wide objectives, definitions and guiding principles of the programme approach and has agreed on a text that could be incorporated into the progress report of the Secretary-General on the implementation of the resolution. The Fund will continue to explore further concrete steps towards a common application of a programme approach. UNFPA will also step up its support to help strengthen training in this area.

National execution and national capacity building (paras. 15-18, 20-22, 26, 30, 47)

76. Resolution 47/199 confirms national execution as a principal tenet of development assistance provided by the United Nations system. It also requests the Secretary-General to promote an early agreement on a common interpretation of national execution to be applied to the United Nations system and to report on it to ECOSOC at its substantive session in 1993.

77. UNFPA's report to the Governing Council on Guidelines on national execution (DP/1992/29), submitted to the Council at its thirty-ninth session, reaffirmed its commitment to enhance national execution by strengthening national capacity to manage population programmes as part of the effort to enable countries to become fully self-reliant. Throughout 1992, the Fund stepped up efforts to strengthen national execution of UNFPA-funded activities. For example, the Fund organized two regional workshops to train national staff in UNFPA finance and accounting policies and procedures -- one in Manila, the Philippines, the other in Kingston, Jamaica. The workshops were similar to those conducted in Dakar, Senegal, in 1989; in Nairobi, Kenya, in 1990; and in Turin, Italy, in 1991. The Fund also provided support to train staff of some national NGOs in these same areas. In 1992, Governments and national NGOs executed country-level activities totalling some $28.2 million in UNFPA regular resources, a slight increase in percentage terms over the previous year (27.4 per cent compared to 26.3 per cent).

Technical support services (TSS)

78. UNFPA's new successor support-cost arrangements are in consonance with resolution 47/199, which stresses the need for the United Nations development system to improve its effectiveness and efficiency in delivering assistance, to strengthen its capacity to provide policy and technical assistance and advice, and to give increased priority to assisting recipient countries in building and/or enhancing the necessary capacity to undertake national execution.

79. The Fund's TSS arrangements, which were approved by the Governing Council in decision 91/37, are designed to provide the necessary high-quality technical assistance that is recognized as an integral component of strategic programming and essential to the success of national execution and decentralization. Such technical assistance is also at the core of the Fund's new successor support-cost arrangements, which seek, among other things, to provide timely and effective support for population programmes and policies in developing countries, bring technical services and advice close to field-level activities and help Governments assume the management of UNFPA-funded programmes and projects, while ensuring transparency and accountability.

Decentralization (paras. 24-25, 27)

80. Resolution 47/199 decides that, in order to enhance the coherence of programming and resource utilization, programme development and component approval, capacity and authority should be further decentralized to the field offices. Decentralization will enhance field offices' ability to respond rapidly and flexibly to the needs and priorities of developing countries and to adapt procedures to those of Governments.

81. UNFPA's policy of decentralizing programming and project approval authority to the field level is long-standing and well advanced. In general, the Fund's aim has been threefold: to enable UNFPA Representatives and Country Directors to respond more quickly to emerging needs; to improve the quality and coverage of programmes and projects; and to speed up programme delivery. The Fund has also sought to enhance the managerial capacity of field offices through training, staff transfers and staff recruitment.

82. To further streamline its decentralization process, the Fund prepared revised guidelines on decentralization allowing for far greater approval authority at the field level. The guidelines will go into effect shortly in 1993. Selected countries are currently being considered for total decentralization, a process that will be expanded upon review of experience.

83. To enhance accountability at the field level, UNFPA is taking steps to strengthen financial control systems. The Fund proposes to use the services of UNDP's Roving Finance Officers and to join UNDP in its efforts to simplify work methods and improve financial monitoring and internal auditing of financial transactions at the field level through the regional service centres that UNDP is establishing.

Rules, formats and procedures (paras. 29, 32-35)

84. Resolution 47/199 stresses that common formats, rules and procedures are critical for a successful shift to a programme approach. It further emphasizes that all formats, rules and procedures should be simplified and harmonized to promote national capacity-building, so as to assist the Government in integrating external assistance from different sources into its development process.

85. UNFPA procedures have long been similar to those of UNDP. UNFPA actively supports efforts to simplify, harmonize and increase the transparency of its financial and administrative procedures. For example, the Fund actively participates in the efforts of the Consultative Committee on Administrative Questions (Financial and Budgetary Questions) to develop common accounting standards for the United Nations system. Moreover, as a member of the JCGP, the Fund participated in a comparative study of the accounting, financial reporting and auditing procedures required of Governments designated as executing agencies of UNDP-, UNFPA- or UNICEF-assisted programmes and/or projects. The JCGP made this study available to the project on Harmonization and Simplification of Aid Accounting Requirements being implemented by the United Nations. The project provides a core technical team in support of a Working Group composed of

bilateral and multi-lateral donors and several developing countries. The objective is to streamline donors' aid accountability requirements and to formulate accountability standards acceptable to donors and host countries.

86. The Fund is working closely with partner JCGP organizations in preparing a common manual on reviewing and harmonizing procedures. It is expected to be completed by July 1994. The Fund also participates in the Inter-Agency Working Group on Evaluation, which is currently reviewing elements for collaboration in the area of evaluation. A report of this working group will be presented to the JCGP for action in relation to resolution 47/199. The Fund is also in the process of reviewing its own programming and project procedures in order to support further simplification and harmonization efforts.

Procurement (paras. 27-28)

87. Resolution 47/199 stresses that the procurement of expertise and equipment should be decentralized to the country level, to the maximum extent possible, and reflect national needs and ensure cost-effectiveness.

88. UNFPA strongly emphasizes local procurement. It has made special efforts to increase procurement of equipment and supplies from developing countries, more than doubling such procurement during 1992 ($7 million as compared to $3 million in 1991). In addition, UNFPA has made stronger efforts to involve underutilized major donors, while maintaining the principles of international competitive bidding.

Resident coordinator system (paras. 36-39)

89. Resolution 47/199 stresses the strengthened resident coordinator function as an integral component in assisting Governments in mobilizing technical expertise from both inside and outside the United Nations system and ensuring coordination at the country level through, inter alia, the country strategy note, in order to respond to national needs and priorities in the most cost-effective and efficient manner and to maximize the impact of the United Nations system on the development process.

90. Aside from supporting these provisions of resolution 47/199, UNFPA will continue to work closely with all concerned to explore additional ways to strengthen the resident coordinator system. It supports the move to widen the pool of candidates to serve as resident coordinators and to pay particular attention to the selection of resident coordinators who have relevant wide development experience along with managerial and team-building skills. The Fund also supports increased transparency of the selection and placement process.

Field-level committees (paras. 40-41)

91. Resolution 47/199 calls upon the resident coordinator to establish, in consultation with host Governments, a field-level committee that will normally be composed of all resident United Nations system representatives. Led by the resident coordinator, the committees will serve as a coordinating mechanism for United Nations activities in the countries concerned.

92. UNFPA strongly supports the establishment of field-level committees of all the United Nations organizations present at the country level and is prepared to provide guidance on any area within its competence, especially those dealing with population concerns. UNFPA is well placed to contribute its experience to facilitate the continuation of population assistance within countries. The Fund recognizes the important contribution these committees could make to its ongoing PRSD exercises. The Fund will therefore continue to provide its field offices with support and guidance in assisting resident coordinators to establish such committees.

Common premises (para. 42)

93. Resolution 47/199 welcomes the decision of the JCGP to set a target for increasing the number of common premises.

94. Every member of the JCGP, including UNFPA, has since reaffirmed its commitment to a several-fold increase in common premises. In the majority of instances, UNFPA, together with the World Food Programme (WFP) and the United Nations Industrial Development Organization (UNIDO), already share premises with UNDP. In several countries, all JCGP members resident in the country share common premises. Moreover, the JCGP is currently studying the cost implications and alternative modalities of a phased programme for establishing a United Nations System Common Premises (UNSCP). While construction of common premises under the UNSCP has been completed in 3 countries and is in progress in 6 others, there are plans for such construction in another 44 countries, some of which is already under way. The Fund proposes to share the costs, on a proportional basis, of 33 of these. In the meantime, the Fund will continue to actively participate in the ongoing study and in discussions on common premises.

Training (paras. 43-46)

95. Resolution 47/199 calls for the development of integrated and innovative system-wide training programmes for the United Nations staff, at headquarters and especially at the field level, and for government and other national staff to facilitate the shift from the project to the programme approach. The resolution also stresses that training programmes should aim to develop national capacities and national execution and promote effective and innovative execution modalities.

96. UNFPA strongly supports these proposals. Through its involvement in the Training of Trainers programme organized by the JCGP Subgroup on Personnel and Training, UNFPA helped develop a HIV/AIDS orientation curriculum and a pilot workshop, which was successfully completed in Africa in 1993. Further workshops will be held, and joint training is envisaged in other areas, for example, emergency/security and programme management training. The Fund participated actively in discussions with the ILO Training Centre in Turin on improving the management of field coordination and on strengthening the curriculum to include population-related and planning issues. In its efforts to further cooperate with inter-agency joint-training activities, the Fund is also actively involved in CCSQ's Advisory Panel on Training as well as in CCAQ's Subcommittee on Training.

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